

GLIMPSE ON ROGANIDAN BY VAGBHATA: A BIRD'S EYE VIEW

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ABSTRACT

Vagbhata is one of the three classic writers of Ayurveda, along with Charaka and Sushruta. Vagbhata is believed to be writer of two important works Ashtanga Sangraha and the Ashtanga Hridaya. The two texts frankly acknowledge the authority of Samhitas of Charaka and Sushruta and closely follow in the footsteps of the earlier masterpieces. Both these books are still studied all over India but they are more popular in South India. These texts are very popular till present era as they are easier to understand and contain essence of earlier treatises with original contribution. If we critically analyze the subject matter related to Ayurvedic diagnostics which has been added by Vagbhata then we will find that it forms important platform. This paper deals mainly with the subject matter related to Ayurvedic diagnostics which has been added by the Vagbhata.

KEYWORDS: Astanga Hridaya, Astanga Sangraha, kayagni, pacakamsa, trividha pariksha

INTRODUCTION

Ayurveda science of life is regarded to be evolved in post Vedic period. Since then many texts have been written regarding this science. Three major texts Charaka Samhita, Sushruta Samhita and Ashtanga Hridaya are included under Vrihatrayi. Beside this Ashtanga Sangraha is also another important text of ancient period. Several Vagbhata are known in Indian history as authors of work on different branches of learning. There are three important medical works associated with the name of Vagbhata. They are Astanga Sangraha, Astanga Hridaya and Rasa Ratna Samucchaya is one and the same. All particulars like work, written, identity, date as well as religion of Vagbhata are a matter of controversy. These subjects have been attracting since long the attention of several scholars. Hoernle introduced the name Vagbhata I and Vagbhata II for the authors of Astanga Sangraha and Astanga Hridaya respectively. Among all the scholars who worked on the identity, authorship, religion and date of Vagbhata, P.V.Sharma has made extensive study and research based on external and internal evidences. P.V.Sharma has concluded that the authors of the two works Astanga Sangraha and Astanga Hridaya are different. Based on various evidences date of Vagbhata I may be about 500 AD and that of Vagbhata II about 600 AD¹. Vagbhata's works are unique as cumbersome material of the earlier Samhitas has been dealt in easy manner, making them easier to understand.

Vagbhata I is the author of Astanga Sangraha. The earlier classics of Ayurveda were devoted primarily to one branch of Ayurveda and Vagbhata I felt the need of compiling in one treatise all the eight branches of Ayurveda. The Astanga Sangraha is a new type of work and it is the last among the ancient classical works and the first amongst compilatory works of medieval period. Earlier to the compiling of Astanga sangraha, each of these branches had its own separate books, written by sages but their study was difficult. Explaining the need for his book Vagbhata says "each one of the texts written by them by it does not describe all the diseases, to study all the texts would require a whole life time, since many things are common to all the texts. This text has been written with emphasis on Kaya Chikitsa². Astanga Hridaya and Ashtanga Sangraha as the name itself suggests explains all the branches and topics in a lucid manner so that it can be easily understood by all. These treatises are known for their simple language and explanation. Vagbhata has compiled the work as an essence of all earlier classic texts.

Concept of Diagnosis

Vagbhata has not only compiled the matter but he has arranged the matter in different way. Nidana Sthana has been kept after Sharira Sthana which is more scientific as one can understand pathogenesis of any disease only when one has sound knowledge of physiology and anatomy. So Vagbhata has described "disease pathogenesis" after describing anatomical and physiological aspects. Vagbhata described total 16 chapters in nidanasthan, comprises of almost all important medical ailments. Considering the importance of nidan section astanga hridaya has not curtailed chapters as it was done in other sections.

Contribution related to Basic concepts

Vagbhata is also known for certain contribution in field of Ayurvedic Physiology which forms base of Ayurvedic Diagnostics. Vagbhata not only compiled the earlier ancient material and added new methods and theories. Vagbhata was first to mention the names of all the five types of Vata, Pitta and Kapha. Charaka has given names of five types of Vata only and Sushruta has added names of five types of pitta. This was result of gradual development of concepts. Vagbhata assigned single important function of each dhatu. Rather than giving larger number of functions to each dhatu Vagbhata has assigned single function making understanding of function of each dhatus easier. Preenana, jivana, lepa, sneha, dharana, purana and garbhotpada are the functions of the dhatus respectively. These dhatus support the body and also serve as food for the dhatus always³. Regarding digestion of food and medicine Vagbhata has mentioned that it takes around 4 yaam i.e. 12 hours for digestion of food and medicine digestion takes around 2 yaam. While mentioning regimen for food intake Sangraha has stated that 1/3rd or half of kukshi should be filled by food which is solid in nature whereas Hridaya states that Kukshi should be divided in 4 parts in which one part should be covered with liquids, one part by air and rest with solid food. Ashraya Ashrayi Bhava is considered to be novel contribution of Vagbhata. According to him in the Asthi resides vayu, in sweda and rakta resides pitta and in the remaining dhatus and malas resides shleshma in intimate relation as the ashraya and ashrayi respectively; the medicine/therapies which cause the increase and decrease of the one also cause increase and decrease of the other respectively except in the case of asthi and vata. This concept forms base of treatment principle and thus it is important and precious contribution made by Vagbhata.

Another important concept which vagbhata has added is regarding Pachakansa. He states that Kayagni present in its own place has portions of itself present in the dhatus also. Their decrease (in

quantities, qualities or function) and increase (in quantities, qualities or function) give rise to increase or decrease of dhatus respectively. The preceding dhatu which is either increased or decreased give rise to the succeeding dhatu of the same condition. Generally all diseases are produced by mandagni i.e. from weak digestive activity; it also arises from indigestion, contaminated foods and accumulation of malas⁴.

General causes of disease manifestation

Next important contribution in field of Ayurvedic diagnostics by Vagbhata is concept of improperly metabolized substance called ama, which manifests in Amashaya⁵. In opinion of others ama is formed after mixing with agitated dosas like a formation of poison after mixing with various kinds of kodrava. Describing sama condition Vagbhata says that it is a condition which manifests due to amalgamation of dosha and dushyas resulting into formation of various kinds of disorders⁶. In both texts Vegadharana has been considered as the root cause of all diseases⁷. All diseases were supposed to be arising from voluntary suppression of forcible initiation of the urges of the body; the methods of treatment of such diseases have also been indicated. Kasa has been included in place of Udgara in Astanga Sangraha while classifying navegandharaniya⁸. He says that just as slit develops surely, in course of time, even in pure water kept undisturbed in a earthen pot, in the same manner dirt accumulates inside body, hence it should be removed from the body at appropriate time. The doshas undergoing increase slowly, in the body of such persons, who are negligent of taking purification measures, produce many diseases quickly which might defy treatment. No of such diseases are enumerated such as Ati Sthaulya, Agni sadana, Meha, Kushta, Hataujasa, Vibhransa, Shwasa etc. All these diseases develop in the body when the channels of rasa dhatu become coated with the increased doshas⁹.

Classification of diseases

New concept of disease classification is given by Vagbhata. According to him diseases manifest either as the chief one or as retinue (associate, accompanying) of another disease; known respectively as anubandhya (leader, primary, chief) and anubandha (follower, secondary, associate) the former is independent and has specific, well defined features, cause and diagnosis. The latter is its opposite. Similarly the doshas are of two kinds anubandhya and anubandha¹⁰.

Diseases which are secondary are of two kinds – purogami (manifesting first) and anugami (manifesting later). The former is also known as purvarupa and latter is known as upadrava. They generally subside with the cure of the primary diseases but when they do not subside they should be treated after treating the powerful one. Beside this seven varieties of diseases have been described. These are sahaja, Garbhaja, Jataja, Pidaja, Kalaja, Prabhavaja and Svabhavaja¹¹. This classification is extension of Sushruta's classification of diseases. This classification is so scientific that it includes almost all the diseases. Trividha – diseases are 3 kinds viz. those born from bad acts which are seen (committed in the present life), those born from bad acts committed previously (in earlier lives) and those born from combination of both. Diseases which arise from specific doshas are known as dosotha rogas, those which arise without any cause are known as karmaja; those which have severe onset and manifestation are known as doshakarmaja (born from combination of dosha and bad acts of previous lives).

Contribution in respect to Rogi Roga Pariksha

Vagbhata is first to describe Panch Nidana in separate chapter 'Sarvaroga Nidana'. This scheme has been followed by Madhava Nidana which is considered best text in Ayurvedic diagnostics. In comparison to Astanga Sangraha, Astanga Hridaya has given new and simple definition covering all aspects regarding Panch Nidana. Their importance is proven by the fact that Madhava has given priority to Vagbhata's verses over Charaka. Astanga Samgraha has

added Prashna Pariksha in Trividha Pariksha of Charaka making it clinically more applicable. Rasa pariksha has been excluded in Pratyaksha most probably on practical grounds. Itsing (7th century) in his book 'A record of Buddhist practices in India' writes that during that Shabda and Akriti pariksha were given importance in diagnosis. With the time Rasa, Gandha and Shabda pariksha lost their clinical applicability, Anumana was merged in Prashna Pariksha and new scheme of clinical examination 'Trividha Pariksha' was evolved – Darshan, Sparshan and Prashna Pariksha. It is said that patient is to be examined by Darshana (inspection), Sparshana (palpation) and Prashana (interrogation, questioning) etc, the disease is to be examined by its Nidana, Pragrupa, Lakshana, Upashaya and Samprapti¹².

New concepts about Diseases

In Rakta-pitta chapter he said that root cause is vitiation of rakta and Yakrita and Pliha are the seat which are still considered to be places of blood formation during embryonic development. Vagbhata is first to establish the fact that Kamala can occur independently without Pandu¹³. Vagbhata has described urinary diseases into two broad categories – Mutra Atipravrittaja and Mutra Apravrittaja roga. Prameha has been kept under mutra atipravrittaj roga¹⁴. 20 types of mutra apravrittaja rogas have been told and ashmari, mutrakriccha and mutraghata are kept under this category. Few new diseases have been described by Vagbhata like Haridraka¹⁵, Ratrika, Purvaratrika jwara¹⁶, urdhwaguda etc. Vagbhata has told 36 kshudra roga (Sushruta - 44), 94 netraroga (Sushruta - 76), 25 karnaroga (Sushruta - 28), 18 nasaroga (Sushruta - 31), 75 mukharoga (Sushruta - 65), 8 types of bhagandara adding 3 new types etc.

Prognosis of Diseases

The art of prognosis was fully developed in Ancient time. In Charaka Samhita, description of prognosis is available in detail in a separate section- Indriya Sthana. In Sushruta Samhita Arishta Vigyan is described only in 6 chapters in Sutra Sthana. With the time 'Arishta Vigyan' or science related to prognosis gradually lost its luster as it was limited to 4 chapters in Sharira sthana of Ashtanga Sangraha and after that only two chapters were devoted in Astanga Hridaya Sharira Sthana. While discussing sadhya-asadhyata, Vagbhata says that a male patient is easy to cure. This kind of reference is absent in earlier texts. This reference is logical as male have strong constitution and so they can be easily treated. Relation of diseases with astrology has been clearly recognized by Vagbhata. According to him if Grahas are favourable then disease will be easily curable¹⁷.

CONCLUSION

From above discussion it is clear that Vagbhata felt need of compiling in one treatise all the eight branches of Ayurveda and so with this aim Astanga Sangraha and Astanga Hridaya was written. Astanga Sangraha was first amongst compilatory works of medieval period. Earlier to the compiling of Astanga sangraha, each of these branches had its own separate books, written by sages but their study was difficult. Astanga Hridaya is another compilation work which is known for its easy language. We cannot assign these great works merely a compilatory work as they are also known for their novel contribution especially in the field of Ayurvedic diagnostics. This list is long and few contributions as discussed above are Ashraya Ashrayi Bhava, Pachakansa, concept of improperly metabolized substance called ama, new concept of disease classification, and description of Panch Nidana in separate chapter, Trividha Pariksha, introduction of new diseases etc. Diagnostics forms the very backbone of Ayurveda and without proper recognition of this branch we cannot treat patient properly. It can be concluded that contribution of Vagbhata in field of Ayurvedic Diagnostics is noteworthy.

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