

AYURVEDIC APPROACH TO CLINICAL MEDICINE (PART-I)

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ABSTRACT: *The general status of clinical approach regarding the applications of clinical methodology has been reviewed under the spectacles of author's points. Also the subject of MANAHPARIKSANA has been critically analysed through the lenses of CARAKA and CAKRAPANIDATTA and its utility in present day clinical practices has been underlined. An appeal has been projected to the fellow Ayur-dists to shed of prejudices and hypocritical practices with an information and promise from our side to join hands.*

“It is not uncommon to change the difference between promise and performance, between profession and reality upon deep design and studies deceit, but the truth is that there is very little hypocrisy in the world.” - **SAMUEL JOHONSON**

Introduction

There are multifaceted problems while approaching to diagnose or treat a patient. The simplest way of expressing clinical approach would be-

“The actual exercise made by the physician to arrive at a diagnosis and plan an appropriate treatment in a given condition of the patient before, during and after the actual decision regarding this is clinical medicine.”

The importance of physician has been universally recognized along with the patient - Ayurveda while indicating the

sphere of the physician's activities has clearly mentioned “ The patient” as the prime sphere of activity (1).

As regards the origin of clinical examination and realization about its utility is a definite contribution of Caraka as this is the only treatise amongst the treatises of the ancient times, which has provided a very systematic exposition by devoting a full chapter in its Vimanasthana (which by itself is a special feature of Caraka) by the name of “Trividh Roga Visesa Vijnaniyam” (Viman-4). Here in caraka though has mentioned three-fold methods- 1) Aptopadesa, 2) Pratyaksa and, 3) Anumana but has later indicated clearly that “Two Fold” is the examination. Threefold only due to simultaneous description.

If we examine the world “Pariksa” itself the simplest understanding about it has been provided by Vatsyayan Bhasya² as

“Definitive knowledge on the basis of certain evidence is Pariksa”. The importance of this i.e. Pariksa in particular reference with the patient and disease has been realized by the Ayurvedika texts, since the ancient times. Caraka in Sutrasthana has already mentioned that “Only the one who examines – becomes efficient³”. At several other places including the Viman chapter 8 caraka has emphasized the importance of the examination of the patient, disease, and the treatment to establish a definitive clinical approach before the actual institution of the action by the physician.

Present Status

Inspite of all this, the actual state of affairs in practice, is a sad affair of hypocrisy. Ayurvedists themselves have admitted (Shastri, R.D. 1956) that these practices have been gradually lost; lost because, we preach rather than practice the actual clinical approach developed from time to time by ayurveda.

The approach made by “Ayurveda” as clearly mentioned by “Caraka” is pratyaksa and Anumana. Anumana has been clearly defined by caraka in this reference as-

Anumanam khalu tarko yuktyapeksah

Cakrapani⁴ while commenting on this has very beautifully clarified that the indirect evidence based on experimentation and implications or so to say an “Inference” is Anumana.

Here, in our humble opinion, all the presently available clinical investigations- the so called Modern investigation can very well be utilized to arrive at Ayurvedic

conclusions. The actual thing is to verify the features of disease which helps the physician to institute an efficient management. Wherever it has been used, it works well. Once again the source of the methodology should clearly be acknowledged rather than trying to imbibe it through backdoor – because it amounts to not only the mutilation of history but rubbing the present factual development also off the pages of history to be recorded later.

For the physician, Caraka has given a clearcut keynote for self analysis of this clinical performance by saying that one who does not percolate the soul limit of the patient by his penetrating knowledge does not actually treat the disease-

“Jnanabuddhi pradipena yon a visati tatvavit

Aturasyantaratanmanam na sa rogan-scikitsati”

Cakrapani⁵ while commenting on “Jnana buddhi” has very clearly elucidated that the examination and action on the part of the physician has to be based on the knowledge which has gone to his soul limits. There is a popular saying that “Your eyes can see what your mind knows”. As such, until and unless the physician generates a confidence in the mind of the patient about his own knowledge which has a lasting impact-it would not be possible to establish a deep rapport with the patient without this rapport the truth emphasized by ‘Caraka’ in this verse can never be realized in actual practice.

If the records are properly prepared and proper evaluation is made taking the help of modern statistical techniques an analysis of

the data, we would be able to remove lot of dirt that has accumulate around the knowledge of Ayurvedic clinical practices. The stagnation has caused so much of accumulation of confusing thoughts that without making some bold endeavours to reorient and restructure it is likely to be lost in the pages of history some of the things may be very important from the point of view of history but might have lost their relevance in the present context. All such things should be records separately so that these are not lost but their impact on the young mind is that of generating boredom. This is because he clearly finds that those people who preach all this do not practice. What they practice actually they are not prepared to accept. What has to be done is that the students have to be actually demonstrated by bedside teaching and actual patients care and also record making on the principles of Ksaya and Vrddhi of Dosas and the utility of such simpler clinical techniques are to be proved beyond doubts which whenever done yield definite results are give definite clues for further development (Dwivedi et. al. 1980, Gupta et. al. 1981, Sharma et. al. 1981, Bhatta et. al. 1980, Pathak et. al. 1981).

This is true that such things may not be the final words but they are bound to initiate a process of regeneration in other wise dead phenomenon which is bound to be doomed as debris by our own people after sometime. After all nobody can be persuaded by his thoughts to keep the dead body of even the nearest and dearest after a reasonable limit of time. This i.e. the memory and knowledge must beget a young, energetic and viable process which may take the place

of the old one in such an effortless way that it does not appear as if something new has been done. This is what has been the probable utility of Ayurveda having given so much of importance to Swabhavrdparamvada. After all, all of us know that the person who physically dies except in very little percentage is not the same person who was born in his name. Still by the perpetuation of the process, it becomes a thing of common knowledge that so and so has died who was born on such and such date.

Actual practice of clinical approach

To be more explicit and to actually demonstrate the essence of the thoughts expressed above, we have chosen to explain the utility of at least, we think which is talked of much and much is written about also, but little is practiced, this is the field of Manah Pariksana, while elucidating the inferential examination even caraka has preferred to take this example and has clearly narrated as to what are the things that are “Anumanajnsya”. Now in the present context because of the stretch of imagination of the human mind, though the area has expanded, but the utility of the description still remains relevant.

This information is very useful in ‘Manah Pariksana’ from Ayurvedic point of view. Even the systematic examination of higher psychic functions is left behind if we critically apply it in the computation of data used for diagnosis and assessment.

The very first thing is “Vijnana” (C.VI 4/8) ‘Caraka” says it is known by “Vyavsaya”. Cakrapani while commenting on this says

that motivation towards a particular thing indicates its previous information or knowledge 'Rajah' – the quality of mana is known by the contacts of the man with the appropriate opposite sex-Cakrapani has clarified "Naryadi Sangena"- i.e. the result of the contact shall be indicative. 'Raja' is the sign of activity. The delusion (Moha) is Known by Vijnana.

Cakrapani preferred not to comment on 'Moha' and its assessment probably because Vijnana was already elucidated earlier. But here is particular reference of 'Moha', a clinical assessment can be facilitated by knowing about a patient as to whether he is engaged in a thing on the basis of his systematic knowledge or is haphazardly instituting his action- gives an indication about the Moha.

Krodha (anger) – Abhidrohena – i.e. merely asking a patient anything is not going to give precise information to the physician regarding his temper. In case a patient engages himself in sadistic tendencies or taken pleasure in causing agony to others, this according to Cakrapani is a sure sign of Krodha (anger). This has always to be sorted out from the behavior as the basis of observations.

Soka (Grief) has to be known by Dainya i.e suppose a patient has suddenly under the influence of certain circumstances or as feature of disease easily gives way, breaks down or starts weeping and becomes apologetic, this is a sign of Soka or 'grief' on his past as per the clinical assessment of caraka and cakrapani. For example a patient of menopausal syndrome (may be

interpreted as Jaravyadhi) depicts this feature away others.

Harsam Amodena says 'Caraka' while explaining 'Amuda' Cakrapani says – a person who engages in dance, songs and such other festivities, it signifies pleasure (Harsa), later while explaining priti, as that is also akin to this, cakrapani has indicated the differentiation. Priti is just satisfaction and appearance of satisfaction by the facial expression and eyes etc. While Harsa is emotional arousal. This differentiation is quite useful particularly in grading the feature while making research assessment.

Dhairyamavisadana i.e by the extent amount and impressibility of sorrow, the estimates of 'Dhairya' may be made. Cakrapani explains this, lack of any depression even during adverse circumstances indicates Dhairya.

Viryam Utthanena i.e. potentiality about an intellect can be known by its capacity to initiate a difficult task with greater ease. Cakrapani has especially commented on the word "Utthana" here and says that-it means initiation of an activity.

Avasthanam Avibhramanena-i.e holding firm views or steadfastness would be Avasthana. This also implicates clarity of thought. However clarity of thought begets firm opinion and knowing this would go a long way in assessment of the psychology of a patient.

Sraddhamabhiprayana-i.e. the affinity can be assessed by the urge or desire of a particular object. This also implicates that perpetuation or otherwise about the desire

for a particular thought, person, object and the like, shall decide the emotion of Sraddha.

Medhamgrahanena-i.e the retentive capacity about Medha is in the reference of clinical examination interpreted usually as retention of textual knowledge. Now as the realms of knowledge are changing this requires a modification in the understanding about Medha, while assessing clinically.

We propose that the actual creative output in the realm of a particular knowledge in case of the physician should be taken as a clinical parameter than mere retention, because, otherwise 'Craming' particular texts shall become an assessment of Medha which is grossly improper. The degrees can be assessed in this field by gradation of knowledge e.g Information, knowledge or conception about it.

We want to be very clear about these words and want to clearly define here as to what we mean by using these- Information: Merely knowing a thing and capacity to reproduce should be regarded as Information. The condition would be that the individual concerned inspite of knowing it cannot apply it in actual practice.

-knowledge: Knowing and also using and applying but unable to transfer it to another person if need be.

-Conception: Knowing a thing, applying it in actual practice and able to transfer that knowledge to another person if need be.

Samjna Namgrahna-I e. nomenclature and knowledge about it. This can be assessed by

immediate, remote, with effort or effortless way of recapitulataing anything by name.

Smrtimsmaranena-i.e. the process of remembrance can be assessed by the phenomenon of remembrance of a thing in a particular reference in a given quantum of time.

Hryamapatrapna – i.e. shyness at appropriate moment in coordinated and socially recognized circumstances. The degrees can be assessed by way of various degrees of frankness in uniform condition.

Silamanushilanena – i.e appropriate behavior as per universally accepted social circumstances. This, Cakrapani says, is, natural affinity towards a particular thing or behavior and a habituation or perpetuation of such a behavior always decides Shila.

Dvesam Pratisedhena-i.e aversion from a thing decides this. This particular emotion however is the sum total computation and has to be interpreted in relation to Harsa, Priti, Krodha, Moha and their circumstances along with their degrees this should be effectively evolved to provide a methodology which can furnish better assessment that several practices in current use for such circumstances.

Upadhimanubandhena – i.e defraudment or deceitful behavior can be assessed by the ultimate outcome or to understand it may be said that the events to follow shall decide the deceit and its degree.

This "Upadhi" has been attached lot of importance in the causation and development of diseases in general in Ayurveda – so it should not be taken lightly.

The degrees of this have to be made to assess in order to categorise the component in given circumstances. Upadhi bears the stigma of being root cause of all the pains.

This vast subject requires a thorough evaluation and sincere, honest and hardworking efforts to make it useful in the present circumstances.

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Discussion:

What we have presented here is not merely a reproduction of Ayurvedic facts, but our analysis over each of the points and a possible lead about the lines on which this complex subject could be approached instead of aping out the half baked, ill-cooked and incomplete phenomenon in use.

In our own experience as students, then as clinicians, research workers, junior teachers and till to date, we have found that we have our Ayurvedic physicians in the making, in a very confused state regarding such subjects. It is hightime that discussions, seminars, workshops an individual efforts are directed in such a manner that it does not become Upadhi. Without naming any particular person, place, institution, policy or system, I just want to request one and all related to the science of life (Ayurveda – medical sciences as a whole) to search our hearts, whether we are really making efforts towards doing our might at least. I have no hesitation in telling that under my own observations through more than two decades while serving,

studying, visiting and teaching in several graduate and post graduate institutions, I have found that we sometimes do not justify even our existence, what to talk of our salaries and appreciation that we get at times. This we get and even that has become a matter of routine.

This is hightime that we search our hearts, make sincere efforts to utilize our knowledge for the benefit of the common folk, instead of only our own, lest we shall be left to think and think only that “Time and tide never wait for anybody”.

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