

NIDAN PANCHAKA WITH SPECIAL REFERENCE TO AVABHAHUKA – A LITERARY REVIEW**Priyanka Nahar¹, Sanjay Srivastava², Anurag Prajapati³, Barkha Madloi⁴**¹PG scholar rog nidanevumvikritivigyana department²Professor & H.O.D. rog nidanevumvikritivigyana department³PG scholar rog nidanevumvikritivigyana department⁴PG scholar rog nidanevumvikritivigyana department

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Article Received: 08/12/2022 - **Peer Reviewed:** 10/12/2022 - **Accepted for Publication:** 27/12/2022**ABSTRACT**

AVABAHUKA is one among the diseases mentioned under the category of VATAVYADHI by Ayurvedic literature, and it has been 1st introduced under 80 types of *vatavyadhi* i.e., *Ashtamahagada* by Acharya Sushruta. AVABAHUKA is considered as *Urdhvajatrugatavikara* (disorder due to vitiated vata dosha above the collar bone) that usually affects the Ansa Sandhi (Shoulder joint), which shows clinical resemblance to frozen shoulder. It is one of the most common musculoskeletal disorders characterised by shoulder joint pain (*sandhi shool*) and restricted movement (*stambhana*) of the concerned joint. *NidaanPanchak* is a tool for *ROG PARIKSHA* (diagnosis of disease), which not only gives information about a diagnosis, but it gives complete knowledge about the disease starting from its etiological aspect to the complete manifestation of disease. *NidaanPanchak* consists of *Nidaan* (cause), *Purvaroop* (Symptoms), *Roopa* (Sign), *Upashaya* (Therapeutic diagnosis method), and *Samprapti* (Pathogenesis). *NIDAAN PANCHAK* of *Avabahuka* is not mentioned in any *Samhita*. here we tried to understand *NIDAAN PANCHAK OF AVABAHUKA*.

Key words: *Nidaan, Purvaroop, Roopa, Samprapti, Upashaya, Avabahuka.*

INTRODUCTION

AVABAHUKA is a *Vata* dominating disease which defines under the heading *ASHTAMHAGADAS* in Ayurvedic Samhita, according to some scholars it is a *Vatananatmajav yadhi* and according to some it's a *Vatakapha pradhaan vyadhi*, which usually affects *Amsa Sandhi*, *Ansa shosha* can be considered as the preliminary stage of the disease where loss or dryness of the *Shleshmakakapha* from the shoulder joint occurs, due to this loss of *Shleshmakakapha* symptoms like *Sandhi Shool* (joint pain), *Stambhana* (restricted movement), etc. are manifested in later stage.¹ In Ayurvedic Samhita's, Sushruta and Ashtang Hridaya described *Avabahuka* under *VATAVYADHI ADHIKAR*, in Charak Samhita Acharya also didn't explain *Avabahuka* as separate entity. In Madhava Nidaan, *AmsaShosha (Vataj)* and *Avabahuka (VataKaphaj)* two separate diseases are mentioned. In Sushruta Samhita it is described as "*Ansadeshasthito Vayu Shoshayitvama Amsabandha, Shiraschankunchaya Tatrastho Janyatavabahukam*" which means the disease in which the enraged local *Vayu* dries up the normal *Kapha* lying about the shoulder joints is called *Amsa Shosha* and the form in which the aggravated local *Vayu* contract the nerves of the arms is called *Avabahuka*. Acharya Charaka, in Sutra Sthana of Charak Samhita mentioned *Bahushosha* under *VataNanatmajaVyadhis* and in Chikitsa Sthana mentioned it as *Bahuvata*. In Chakradutta only *Bahushosha* has mentioned in *vatavyadhi* Chikitsa. In Ashtanga Hridaya and Ashtanga Sangraha it is described as "*Ansamulasthito Vayu Sira Sankochya Tatranga, Bahupraspanditharam Janyatyapabahukam*" which means the condition in which the *Vata* gets located at the root of the shoulder, by constricting the *Siras* (veins) therein, produces *Avabahuka*, characterized by the loss of the movements of the arms. In Madhava Nidaan two conditions of the disease have been mentioned, *Amsashosha* (muscular dystrophy around shoulder joint) and *Avabahuka* (frozen shoulder), as the former can be considered as a preliminary stage of later. *Ansa shosha* can be considered the preliminary stage of the disease where loss or dryness of the *Shle-*

shakaKapha from the shoulder joint occurs. The next stage, that is, *Avabahuka*, occurs due to the loss of *ShleshakaKapha*, and symptoms like *Shool* during movement, restricted movement, and so on, are manifested. Clinical manifestation and symptomatology of *Avabahuka* are very much similar to Frozen Shoulder (Adhesive capsulitis), it is a musculoskeletal disorder that has a disabling capacity. It represents a pathological state in which there is a formation of adhesions across the glenohumeral joint, leading to pain, stiffness, and dysfunction. It is a debilitating condition that can occur spontaneously (primary or idiopathic adhesive capsulitis) or by other etiologies such as shoulder surgery or trauma (secondary adhesive capsulitis), it is the 3rd most common cause of musculoskeletal consultation in primary care and affects mostly the middle age group and senile age group. Due to much prevalence of disease in the society and wide spectrum of diseases, frozen shoulder increases the financial burden on society. Keeping the above points in view in this article, different views of different Acharyas are compiled and tried to understand the *ROGA PARIKSHA* of *Avabahuka* with help of *NidanPanchak*.²

AIMS AND OBJECTIVES:

Aims- To Understand the Concept of *Nidan Pancha* in *Avabahuka*

Objectives- To understand the concept of *Avabahuka*. To highlight the importance of *Nidan Panchak*.

MATERIAL AND METHOD:

The main Ayurvedic texts used in this study are *Charaka Samhita*, *Sushruta Samhita*, *Ashtang Sangraha*, *AshtangHridaya*, *Madhava Nidan*, and commentaries on these. Also referred to some text books on *Rognidana* evum *Vikriti Vigyan*, and *Sharir Kriya* and searched various research articles related to the topic from various websites. All compiled matter is recognized and critically analysed for the discussion and an attempt has been made to draw some fruitful conclusions.

REVIEW & DISCUSSION

*NIDAAN PANCHAK Tasyoplabdhir nidaan purvrupam lingopsaya sampraptitah*³

THIS QUOTE BY CHARAK STATED THAT anyone willing to get knowledge about any disease must have a thorough understanding of *NidaanPanchaka's* i.e., *Nidan, Purvaroop, Ling (Roop), Upashaya, and Samprapti.*

NIDANA

The causative factor or diagnostic factor of any disease is called *Nidaan*. In *Nidan Panchak*, a factor that is capable of manifesting the development of disease either quickly or after a certain period is called *Hetu* or *Nidaan*.⁴ *Sankshepataha Kriya Yogo-NidanaParivarjanam*⁵ this *shloka* of Acharya Sushruta clearly emphasizes the importance of *Nidaan* in *Chikitsa*, *shloka* stated that *Nidaan Parivarjanam* that is avoiding the causative factors is the primary and shortest form of treatment, so it's important to have deep knowledge of *Nidaan* of a disease in order to follow *Nidaan Parivarjanam*. In the classics, the *Hetu* of *Avabahuka* is not specifically described, it is described under *Vatavyadhi*, so the primary Cause of *Avabahuka* is mainly *vata dosh* and in a later stage, *kapha dosha* is also associated with *vata dosha*.⁶ For easy understanding, we can classify the causes of *Avabahuka* into 3 groups, - *Abhighataja, Aaharaj&Viharaja.*

ABHIGHTAJ NIDANA: - (trauma) or *Marm-abhighata*. (Injury to vital organs): Injury to the *Amsa Marma* which is situated on either side, midway between the neck and the head of the arms and connects the *Amsa Peeta* (glenoid cavity) and the *Skandha* (shoulder), leads to the stiffness of the shoulder.^{7,8} While looking after the *Lakshanas* (symptoms) mentioned for the *Marmabhighata*, it is said that the *Amsa Marmabhighata* (trauma to the *amsamarma*), where the *Bahu* loses its function and becomes stiff which resembles the symptoms of *Apabahuka*.⁹ Hence, *Marmabhighata* is considered one of the specific *Nidana* for *Apabahuka*.

AHARJANYA NIDANA: -(unwholesome food): *Ruksha* (dry), *Sheeta* (cold), *Atyalpa* (deficient), *Laghu* (light), *Kashaya* (astringent), *Katu* (pungent), *Tikta* (bitter) *Ahara, Paramita Ahara*, etc. can cause vitiation of *Vata Dosha*.¹⁰

VIHARJANYA NIDANA: - (activities or improper lifestyle): due to over indulgence in things like excessive physical exercise, sudden fear, grief, etc.lead to depletion or loss of tissues and *Vata* gets aggravated, other factors that affect the *Amsa Desha* (shoulder) directly or indirectly are: -

Plavana: Excessive swimming can cause overexertion in the joint resulting in vitiation of *Vata Dosha*.

Atibhar Vahana: Bearing heavy weight over the shoulder.

BalavataVigraha: Fighting with a person more powerful than you may cause *Aghata* (trauma) to the *Amsa Pradesha* (shoulder) resulting in *VataPrakopa*. This manifests the disease.

Dukh Shayya: (improper posture in bed). usage of uncomfortable beds or seats may cause a problem in *Amsa Sandhi* due to improper posture. Thus, Knowledge of *Nidana* helps in the prognosis of the disease. If the causative factor is less effective, then the disease is "*Sadhya*" (Curable). If the causative factor is moderately effective, then the disease is "*Krichasadhya*" (May be Curable). If the causative factor is more effective, then the disease is "*Asadhya*" (Not Curable).¹¹

PURVAROOPA

*Bhavi vyadhibodhkamev lingam poorvaroopam*¹² The symptoms which indicate the forthcoming disease is called *Purvaroop*(prodrome).

These *Purvaroop* may give a clue to the disease but, at this stage, one cannot be certain whether any disease will manifest itself or whether the disease may subside so prodromal symptoms should not be considered as actual symptoms of the disease, but they help to get knowledge of the *Dosha* responsible for that disease but not clear about the upcoming disease.

Avyaktlakshnamtasyapurvrupamitismratam.¹³

A prodrome is a sign that only makes (one) aware of an impending illness. In *Purvaroop* we find the clue or hints about the disease, which is it might be considered as the premonitory signs and symptoms which appear before an illness is about to arise. And a study of these symptoms is of great value in detecting the onset of a particular disease and even helps in

preventing it by taking the necessary steps. The *Purvaroopas* are of two kinds, Viz. *Samanya* (general) and *Visista* (special). *Samanya Purvarupasare* those which indicate the disease to some extent without giving any indication of the *Dosa* derangement and generally disappear before the onset of the disease. Unlike this, *visista purvarooopa* are those which give an idea of the *Dosa* also in addition to some idea about the disease and are likely to continue after the disease commences.¹⁴

There are no specific *purvarupa* (prodromal symptoms) of *Apabahuka* mentioned in our Ayurveda Samhitas. *Avyakta Lakshanas* (indistinct symptoms) are mentioned as the *purvarooopa* of *vatavyadhi*.¹⁵ Chakrapani comments on this term that *Avyakta* means *alpa* (mild) or *isat* (minimal) *vyakta*. Hence, in the case of *Apabahuka*, a minute or negligible premonitory symptoms produced before they reached their developed state such as mild restricted movements of the affected shoulder joint, vague shoulder pain, mild stiffness in the upper extremities, and other similar symptoms of *Apabahuka* in its minimal severity can be considered as *purvarupa*.

ROOPA-

*Utpannavyadhibodhakamevlingarupam*¹⁶

The symptoms are characteristic manifestations that develop during the course of the disease. Here *Linga*, *Akrti*, *Laksana*, *Chinha*, *Samsthana*, *Vyanjana*, and *Rupa* are synonymous.¹⁶ All these synonyms of the word *Roopa* indicate the signs and symptoms by which a disease is identified, and the disease becomes more understandable. *Vatavyadhi* manifests in several forms, and the symptoms too will be identical to the manifestation of the disease. The symptom of the manifested condition is the symptom of *vatavyadhi* that is similar to premonitory symptoms seen in *vatavyadhi*, these same symptoms are manifested in a bigger form. The symptoms are variable and are in accordance with *Hetu* (causative factors) and *Sthana* (place of manifestation of the disease). When this *vata* was vitiated in the *Amsha sandhi* region then symptoms of *Apabahuka* manifests which got aggravated with time. *Apabahuka* is categorized as a *sthanikavatavikara* (localized disorder) rather

than *SarvadaihikaVikara* (generalised disorder). The only classical symptom explained is *Bahupraspanditahara*.¹⁷ *Bahu* means upper limb, *Praspandana* means Movement or Chalana and *Hara* can be taken as Loss of /impaired/ difficulty. Here, in the present context, *Bahupraspanditahara* can be taken as difficulty in the movement or impairment or loss of movement of the upper limb. The other clinically seen symptoms are *amsa sandhi shool* (Pain in the affected shoulder joint), *stambhana* (Stiffness), and *shosha* (muscle wasting).¹⁸

UPASHAYA-

*Sukhavahamiti sukham roganivritii lakshanam*¹⁹

Upashaya and *Anupashaya* are effective tools in Ayurveda for diagnosis as well as management of diseases. The physician is supposed to administer to the patient certain *Aushadha*, *Ahara*, and *Vihara* and observe their effects. If the patient gets comfort or lessens the intensity of the disease by such methods and the physician finds the condition improving, then it is known as *Upashaya* It is also called *Satmya* On the other hand, if the patient complains of discomfort and the physician finds the condition worsening, then it is known as *Anupashaya* also called *Asatmya*, both these will help in arriving at the correct diagnosis of the disease.²⁰ Hence, it is the need to study the *Upashaya* and *Anupashaya* in order to design preventive measures for further complications. *Upashaya* is the factor that helps to get rid of the disease.

SAMPRAPTI-

*Vyadhijanaka dosha vyaparvishes yuktam vyadhijanmeh sampraptiah*²¹ *Samprapti* means the pathogenesis of the disease. The disease manifests due to the specific action of the *Dosha* and understanding of such events is called *Samprapti*. The complete disease process which begins from *Nidan Sevan* to appearing of *Roopa* is called *Samprapti*.

In the case of *Avabahuka*, two ways of vitiation of the *Vata* can be considered. The etiological factors like *Ruksha*, *Laghu*, and so on, and *Atibharavahana* and the alike cause vitiation of the *vata* directly. In another way, *Kaphaprakopaka Nidanas* like taking

Atisnigdha, *Atiguru Dravya*, and so on cause an increase in the *Vikruta Kapha*, which produces the *Kaphavritavata* condition. In both ways, the *Vikruta Vata Dosha* gets accumulated in the bio channels (*Srotas*) and manifests symptoms like the *Stabdha-poorna Koshthata*. In the *Prakopa Avastha*, the *Vata* produces symptoms like *Koshthatoda* and *Sancharana* and *Prasaraavastha* symptoms like *Atopa* may also be produced. However, *Ashukaritva* being one of the symptoms of *Vata*, the symptoms produced by it are very quick in onset, and hence, the *Dosha Kriyakalas* of the *Vyadhi* are ill-defined and cannot be observed properly. *Sthanasamsraya Avastha* of the *Vyadhi* occurs with the localization of the aggravated *Vata* in the specific *Dhatu*, that is *Dosha Dushyasammurchana*, which occurs in the specific organ of the body where *Kha Vaigunya* has previously taken place by the specific part of the *Nidanas* and in case of *Avabahuka Dosha Dushyasammurchana* occurs in *Amsha sandhi* resulting into disease.

DISCUSSION

The physician, who knows the proper diagnostic technique, succeeds every time in the treatment. These five *Nidan Panchaka* components aid in precise diagnosis. Knowing the *Nidan Panchaka* allows medical professionals to detect sickness sooner, plan therapy, and avert future complications. It is a tool for illness diagnostics at all stages. The name of the disease is not given as much weight as understanding the specific etiological variables, *Dosha* vitiation, aetiology, or progression of the disease and detecting it at an early stage. Because *Nidan Parivarjan* is the fundamental therapy concept, having a basic understanding of *Hetu* is crucial for preventing the onset of sickness and is, therefore, it is necessary for *Avabahuka* to avoid *Nidan* like a heavy meal, unsuitable diet, *Apathayapalan*, etc. The second element, *Poorvaroopa*, aids in the early treatment of diseases that have not fully emerged since they call for less intensive or complicated treatment procedures. In the *Roopa* stage, the disease's pathogenesis is complete, and its symptoms have manifested, which is useful for formulating a targeted treatment

plan. *Roopa(lakshan)* of *Avabahuka* can aid in differential diagnosis and help in the right sort of treatment. The *Samprapti*, which provides a thorough understanding of the illness, and *Samprapti Ghatak*, which are responsible for pathophysiology, are helpful for therapeutic purposes. *Samprapti* also provides information about the disease's path, the *Dhatu*s involved, and the impacted *Srotas*. *Aagantuja Nidana* and *Mithya Ahara Vihara* have taken in case of plays a crucial role in the *Samprapti* of *Avabahuka*. The concealed point of diagnosis, differential diagnosis, and treatment of disease are all crucial aspects of *Upashaya*. The *Nidana Panchaka's* distinct elements each contribute to a precise diagnosis. If one element of *Nidana Panchaka* points to a particular disease, the other element supports the diagnosis. This also holds true for *Avabahuka*. A correct diagnosis is a key to a successful therapy, which in turn gives physicians respect and fame.

CONCLUSION

In modern science diagnosis of the disease is done by using investigations and imaging techniques like X-ray, CTscan, and MRI but sometimes patients can't afford the costly imaging techniques like CT, MRI, etc. thus we have to know the diagnostic parameter according to Ayurveda which helps in reducing the burden on the suffering patients. In Ayurveda, good knowledge of *Nidan Panchak* can help the person to diagnose the disease in the early phase accordingly one can decide his line of treatment and prevent the manifestation of the disease. Hence, we can state that knowledge of *NidanPanchak* is a milestone in diagnosing a disease and treating the patient in a better way.

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