2021

IMPACT FACTOR 7.149 ISSN 2349-638x

An Approach to Learn Ayurvedic Clinical Skill with Special Reference to Panchavayava of Anumanpraman

Dr.Kamal Kumar

Corresponding author,
Associate Professor,
Samhita & Siddhanta Department,
B G Garaiya Ayurveda College,Rajkot

Abstract

The pamana is the tools to develop belief and confidence of scholar in the science. These principles are mutually inter-related to understand the subject. Ayurveda principles can also be better understood with more practical examples. In anumana pramana, panchavayavavakya can be used as important tool to learn clinical skill for new scholars. in present article, review of concept of panchavayava has been done to explore clinical approach for understand its practical utility. **Key words**-Anumanpraman, panchavayava etc.

Introduction-

here is various tools and techniques that can be

used to understand the Ayurveda principles. Their practical utility and application promotes the scholars to use with ease in developing confidence and faith for their stream. Scholars who newly introduce in Ayurveda subjects cannot be aware of many new things about literature. Many times scholars remain confused about practical applicability and utility of Ayurveda principles. So it is need of time to interpret the Ayurveda principles in new light of applicability to create interests in scholars to have more faith for its practical utility.

Pramanas are most essential part of Ayurveda literatures. Of which anumanaparamna has its own importance. The diagnosis of disease is an important part in which anumanpramana plays an important role. By the use of panchvayava the vaidhya can be able to diagnose the disease.

panchavayavavakya¹ is only process by which both swarthanuman(one's own inference) and pararthanuman²(inference for other) can done. These stages (pratigyan,hetu,dristanta,upnaya and nigmana)³ have their own importance to find actual sadhya. These six stages have been used to get inferential knowledge for both swarthnuman and pararthanuman. Thepanchvayavavakya firstly used for own's inference and after that inference for others. The vaidhya can use similar steps of

inference to know the diagnosis of disease. Similarly for clinical point of view, these *panchavayavakya* can also be used as investigative tool in diagnosis of diseasethat creates more interest in scholars to understand its practical utility in spite of mere theoretical use only.

This article represents the concept of panchavayav for scholars to understand its utility and applicability in easy way.

Aims and objective-the aims and objectives are

- 1- To explain the concept of *panchavayav* in more clinically in relation to general application.
- 2- To explore utility of concept of panchavayava in more easy way

Materials and method- the available text books and literature relevant with topics have been explored to clear the topic. Some online review articles also have been explored.

Discussion-the Ayurveda principles are very easy to understand and their application for utility.

Before discussion we can correlate some terminology for better understanding the subject of discussion like

- 1- Hetu-⁴ with whose knowledge, the existence of object is proved on paksha.
 Example-signs and symptoms of disease are considered as hetu which reveals the knowledge of the object (disease) existed
- **2-** *Sadhya*⁵-the existence or presence of object which is to be proved on paksha.it is

indirectly.

VOL- VIII ISSUE- I JANUARY 2021 PEER REVIEW IMPACT FACTOR ISSN e-JOURNAL 7.149 2349-638x

indirectly exists on *paksha*. Example-disease of patient.

3- *paksha- sandigdhsadhyavanpaksha*⁶ The subject or place where the object to be proved(*sadhya*) is suspected So a patient is also considered as *paksha* because he has some disease (as *sadhya*) which is suspected with presence of *hetu*(sign and symptoms) in his body until diagnosis.

4- **Sapksha**- nischitsadhyavansapakshah⁷the place or subject where the sadhyadefinitely existed.example- ythamahanas⁸

5- Vipaksha-

*nischitsadhyaabhavvanvipakshah*⁹, the place or subject where the non-existence or absence of sadhya is proved already.

6- Vyapti-

hetusadhyayohavinabhavsambandahvyaptih ¹⁰, it is the relation between hetu and sadhya. It represents a kind of relation between the two things in which one must be necessarily present wherever the other is existed. Example-

yatratatradhoomahtat<mark>ratayrahvahniritisahch</mark> aryaniyamovyaptih.

7- Paramarsa-

vyaptivishistapakshadhrmatagyaanampram arsha¹¹the paramarsha is the knowledgeof reason existing on paksha by invariable concomitance.

8- *Pakshadharmata*(special feature of a subject)-

vyapyasyaparvtatdivritatvampakshacharmat a^{12} the existence of hetu on paksha is called dharmata example- existence of smoke on mountain

The *panchavayava vakya* can be representing different steps of approach for diagnosis-

Pratigyaan-(proposition)

'pratigyannaansadhyavachanam', indication of sadhaya is denoted as pratigyaan. It also denotes as firm determination of declaration of the thing to be proved in an object. As in example 'the mountain is fiery' is known as pratigyaan. Similarly when sadhya decided with firm determination to prove, it is considered as pratigyaan.

In clinical point of view, when a patient with his complaints comes to *vaidhya* then 'present sign and symptoms belongs to which disease?' is considered as *pratigyan* for doctor. Because 'diagnosis of disease' is the only *sadhay* has been decided by doctor. This is termed as *prtigyaan* of doctor.

Hetu-(reasoning)— as per Acharya charak 'yasyagyanenapakshesadhyasyasiddhihbhavatisahe tuhheturnamuplabdhikaranam'¹⁴

The mean for obtaining the knowledge is known as hetu.it is also termed as *linga*. As in example '*dhoomat*' because of smoke, the mountain has fire been proved.

Hetu are again two types -yatharthhetu – which are capable of reaching up to compatible sadhya. And ayatharthahetu- which resembles like yathrthhetu but are not capable of reaching sadhya known as hetwabhas¹⁵ or asadhetu.

Clinically, various sign and symptoms described by patient are termed as *hetu*that are used by doctor to diagnose the diseases(*sadhya*). These *hetu* can be divided as technical terms-signs and symptoms —non technical terms. The information collected from patient in the form of signs and symptoms have been used as tools by doctor to reach up to exact disease. But again doctor have to insure first that this information must have clinically justified (*yatharthhetu*) not *aytharthhetu*.

Example- in *apashmar*¹⁶ disease, the patient has episodes (*vegakala*) and acts during episode cannot be remembered by him¹⁷, sometimes urine or stool or both may be passed, may have serious tongue bite, also may have serious fall injuries on body parts etc., during the tonic- clonic episode of fits. But in *yoshapashma*r¹⁸ (hysteria¹⁹) patient never have any serious injury, never pass urine or stool in cloths, not having tongue bite injury or tooth injury and acts during episode can be clearly described but patient.in *yoshapashmar* patient there are signs present that resembles with *apashmar* patient but clinically that are false in nature in comparison to *apashmar*.²⁰

Here the signs of *yoshapashmar* can be termed as *ayathrthhetu* whereas sign of *apashmar* are *yatnarthhetu*. If these *hetus* will not be thoroughly examined and analyzed by doctor than one can confused with representation of both the disease.

Email id's:- aiirjpramod@gmail.com Or aayushijournal@gmail.com Chief Editor: - Pramod P. Tandale (Mob.08999250451) website :- www.aiirjournal.com

VOL- VIII ISSUE- I JANUARY 2021 PEER REVIEW IMPACT FACTOR ISSN e-JOURNAL 7.149 2349-638x

The term *hetu* have commonly two meanings used in *samhitagrantaha* 1- cause of disease (*nidan*) and 2- *hetu* as *sadhan*/tools for diagnosis of disease(*nidanpanchak* – *nidan-purvaroop-roop-upshaya/anupshya-samprapti*)²¹Here second meaning of *hetu* has been taken as investigative tool to diagnose of disease.

Dristanta-

(example) dristantona amy atramurkhavidushambud dhisamyam, yovarnyam varnyati²²

The suitableexample(*dristanta*) always necessary and helpful to understand the subject matter. This may be *sapaksha*, or *vipkshadristanta*. *sapakshadristanta* directly support the subject whereas *vipakshadristanta* indirectly support the subject of discussion.

Example- Yathamahanash, that which is smoky that is fiery such as kitchen, here both hetu and sadhya resides together definitely.

Theexamples may be that can be easily under stable by both wise and fool. Here word 'wise' denotes the upper limit of intelligence while word 'fool' denotes the lower limit of intelligence. In spite of this, all other who comes within upper and lower limit also indirectly considered in it. It means every vaidhya who has proper knowledge of treatise (aptopdesh) and pratyaksh (experienced and skilled in practical examinations) can analyseshis experience and knowledge retrospectively with present hetusadhya relation of patient. This must be also considered as sapakshadristanta. As weknow that in absence of sapakshadristanta, the process of anuman cannot be completed.

Clinically the sign and symptoms described in text as per disease and previous experience all are considered as suitable example for the same.

Upanayan(application)-

$vyaptivishistaling asyapakshadhar matayah vachana mmupanayah^{23}$

A sentence denoting to the reason of a cause accompanied by invariable concomitance is known as upanaya.it is also means to support *sadhya* according to example.

Example-the mountain has smoke as distinguished by invariable concomitance with fire. Similarly when the *vaidhya* compares and correlates *hetu-sadhya* relation both in *pratyaksha* (present patient) and

apratyaksha (textual or experienced references) with suitable evidences.it may include various examinations, textual and practical experiences etc. So *upanayan* is the process of gathering of all supporting evidences prospectively and retrospectively for diagnosis of disease. And once the final diagnosis is being made the treatment can be easier.

Clinically also experienced based on previous knowledge helps to analyses the signs and symptoms of disease by both *anvaya*(positive correlation) and *vatireka*²⁴(negative correlation) method. The patients have similar or not have similar signs and symptoms that are described in the text or previously experienced may justify the condition accordingly. It helps to analysis the condition of patient that makes sure about correct diagnosis.

Nigman(conclusion)-

hetvadeshatpratgyahpunarvachanamnigman²⁵

Conclusion based on previous discussion and stating the *pratigyan* again with confirmation

Example- dhumatwatparvatahvanniman (the mountain is fiery on account of smokiness)similarlyto get final diagnose the disease can be considered as *nigman* where the actual *pratigyan* has been repeated with same proposition to know the disease.

Conclusion-

The Ayurveda principles are easy to understand, their practical utility with suitable examples which proves them more useful to understand. This creates more faith and believes specially in new scholars who are just introducing with Ayurveda as clinical subject.

References

Email id's:- aiirjpramod@gmail.com Or aayushijournal@gmail.com
Chief Editor: - Pramod P. Tandale (Mob.08999250451) website :- www.aiiriournal.com

¹Tarksamgrah- Annabhata With Hindi teeka srimadudasinparamhanshaparmaanad Of Varanasi, Laxmi-Venkatesh Publisher,1819,Kalian Mumbai, Anumankhanda,Page 57

²Tarksamgrah- Annabhata With Hindi teeka srimadudasinparamhanshaparmaanad Of Varanasi, Laxmi-Venkatesh Publisher,1819,Kalian Mumbai, Anumankhanda,Page 55

³Tarksamgrah- Annabhata With Hindi teeka srimadudasinparamhanshaparmaanad Of Varanasi, Laxmi-Venkatesh Publisher,1819,Kalian Mumbai, Anumankhanda,Page 57

⁴Tarksamgrah- Annabhata With Hindi teeka srimadudasinparamhanshaparmaanad Of Varanasi,

VOL- VIII ISSUE- I JANUARY 2021 PEER REVIEW IMPACT FACTOR ISSN e-JOURNAL 7.149 2349-638x

Laxmi-Venkatesh Publisher,1819,Kalian Mumbai Anumankhanda,Page 56

- ⁵A Text Book Of Padarthvigyanevumayurvrdaitihas By Dingarilakshmanachary,
 - Chaukhambasansakritpratishthan, Delhi,Reprinted 2017, Chapter 4 Anumanapramaan,Page 235
- ⁶Tarksamgrah- Annabhata With Hindi teeka srimadudasinparamhanshaparmaanad Of Varanasi, Laxmi-Venkatesh Publisher,1819,Kalian Mumbai, Anumankhanda,Page 61
- ⁷Tarksamgrah- Annabhata With Hindi teeka srimadudasinparamhanshaparmaanad Of Varanasi, Laxmi-Venkatesh Publisher,1819,Kalian Mumbai, Anumankhanda,Page 61
- ⁸Tarksamgrah- Annabhata With Hindi teeka srimadudasinparamhanshaparmaanad Of Varanasi, Laxmi-Venkatesh Publisher,1819,Kalian Mumbai, Anumankhanda,Page 56
- ⁹Tarksamgrah- Annabhata With Hindi teeka srimadudasinparamhanshaparmaanad Of Varanasi, Laxmi-Venkatesh Publisher,1819,Kalian Mumbai, Anumankhanda,Page 61
- Tarksamgrah- Annabhata With Hindi teeka srimadudasinparamhanshaparmaanad Of Varanasi, Laxmi-Venkatesh Publisher,1819,Kalian Mumbai, Anumankhanda,Page 54
- Tarksamgrah- Annabhata With Hindi teeka srimadudasinparamhanshaparmaanad Of Varanasi, Laxmi-Venkatesh Publisher, 1819, Kalian Mumbai, Anumankhanda, Page 54
- ¹²Tarksamgrah- Annabhata With Hindi teeka srimadudasinparamhanshaparmaanad Of Varanasi, Laxmi-Venkatesh Publisher, 1819, Kalian Mumbai, Anumankhanda, Page 54
- Depikacommentry By *Cakrapanidutta*, Edited By Pt. Y.T. Acharya, Chaukhambasurbhartiprakashan, Varanasi, Reprint 2017; Vimansthan 8/30,Page 267
- ¹⁴Agnivesh; Charakasamhita, Ayurveda Depikacommentry By *Cakrapanidutta*, Edited By Pt. Y.T. Acharya, Chaukhambasurbhartiprakashan, Varanasi, Reprint 2017; Vimansthan 8/33,Page 263
- ¹⁵Tarksamgrah- Annabhata With Hinditeekasrimadudasinparamhanshaparmaanad Of Varanasi, Laxmi-Venkatesh Publisher,1819,Kalian Mumbai, Anumankhanda,Page 62
- ¹⁶Agnivesh; Charakasamhita, Ayurveda Depikacommentry By *Cakrapanidutta*, Ed. Pt. Y.T. Acharya, Chaukhambasurbhartiprakashan, Varanasi, Reprint 2017;Chikitsa Stahan Chapter 10/6-7, Page 475
- ¹⁷Agnivesh; Charakasamhita, Ayurveda Depikacommentry By *Cakrapanidutta*, Ed. Pt. Y.T. Acharya, Chaukhambasurbhartiprakashan, Varanasi , Reprint 2017; Chitsasthan, Chapter 10/8, Page 475
- Bhaishjyaratnavali By Srigovinddas,
 Vidyotinihindivyakhya By
 Kavirajsriambikaduttashastri,
 Varanasi,Reprint Chukhambaprakashan,
 2017,Yoshapatantrak

- Chikitsaprakaranam 103 Verse 1-4 And Verse 5-19 ,Page 1226-1228
- ¹⁹Www.Nonepilepticattacks.Info/
- ²⁰Need And Its Management Through Ayurveda And Yoga, International Journal Of Advanced Research, By Drsushanthumar Et All. Published, October 2017, 5(10), Page 645-651, ISSN 2320-5407
- ²¹Agnivesh; Charakasamhita, Ayurveda
 Depikacommentry By *Cakrapanidutta*, Ed. Pt. Y.T.
 Acharya, Chaukhambasurbhartiprakashan, Varanasi ,
 Reprint 2017; Nidansthan Chapter 1/6 Page 194
- ²²Agnivesh; Charakasamhita, Ayurveda
 Depikacommentry By *Cakrapanidutta*, Ed. Pt. Y.T.
 Acharya, Chaukhambasurbhartiprakashan, Varanasi ,
 Reprint 2017; Vimansthan 8/34,Page 267
- ²³Tarksamgrah- Annabhata With Hindi teeka srimadudasinparamhanshaparmaanad Of Varanasi, Laxmi-Venkatesh Publisher, 1819, Kalian Mumbai, Anumankhanda, Page 57
- ²⁴Tarksamgrah- Annabhata With Hindi teeka srimadudasinparamhanshaparmaanad Of Varanasi, Laxmi-Venkatesh Publisher, 1819, Kalian Mumbai, Anumankhanda, Page 58
- 25 Tarksamgrah- Annabhata With Hindi teeka srimadudasinparamhanshaparmaanad Of Varanasi, Laxmi-Venkatesh Publisher, 1819, Kalian Mumbai, Anumankhanda, Page 57