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ABSTRACT:

Madhavacharya is the oldest physician of ancient Ayurvedic system of medicine. He belonged to the period of 7th century AD. He is the pioneer to document nidanas in a very simple way that it got highest appreciations not only at that time, but also to the students of Ayurvedic fraternity. We can see in the first chapter of Madhava nidana is attributed to Pancha-Nidana which encompasses five aspects of clinical diagnosis viz. Hetu (etiological considerations), Poorva-rupa (Prodromal symptoms), Rupa (clinical features), Upashaya-anupashaya (therapeutic diagnostics) and Samprapti (patho-physiological processes). Besides this for most of the diseases, Upadrava (clinical manifestations of complications) and Sadhyasadhyatva (prognostic features) are furthermore mentioned. Madhava-Nidan consists of 1530 verses are included in 69 chapters which are adopted by 6 branches in Ayurveda. The description of Amavata (Inflammatory polyarthritic disorder) was first time described in this book and is so much relevant even today. This is why he may be considered the pioneer of Rheumatology. The reputation and usefulness of this exposition is palpable and prevalent even in the present day amongst the practitioners of Ayurvedic system of medicine.

Key Words: Amavata, Inflammatory polyarthritic disorder, Madhava nidana Pancha nidana .

MADHAVACHARYA Madhava Nidana, hundreds together various major and minor originally known as Rogavinischaya, is a disorders. The legacy of Madhavanidan well known treatise which has taken continued in subsequent centuries being appreciation by the millions of people of referred to in writings related to Ayurvedic community in the field of diagnostics and other literature concerned understanding patho-physiology with this Hindu system of medicine. The Madhava, popularly known as popularity and utility of this treatise is Madhavacharya, is the archetype among evident and prevalent today amongst the the pathologists of that time. He is practitioners of Ayurvedic system of acknowledged as one of the supreme healthcare. It is an essential component of Ayurvedic physicians even today. The current undergraduate and postgraduate author of a text on medical diagnostics Indian Medicine. (Rogavinischaya), known as Madhava-Nidan consists of 1530 verses 'Madhavanidan'. Madhava's time period is denoted to 7th century AD. He was the son of Indukara and belonged to the Kara family of physicians; consequently he is also referred to as Madhavakara¹. Madhavanidan is considered as a pioneering compendium developed on the foundations of knowledge resourced from Caraka samhita, Sushruta samhita, Ashtanga sangraha, Ashtanga hrudaya and many other classical texts enriched by Madhavacharya. This text discusses

"Madhavo nidane sreshtaha" it means that Madhava nidana is best in diagnosis of diseases. As we can see in the first chapter of Madhava nidana is attributed to Pancha-Nidana which encompasses five aspects of clinical diagnosis² viz. Hetu (etiological considerations), Poorva-rupa (Prodromal symptoms), Rupa (clinical features), Samprapti (patho-physiological processes), and Upashaya-anupashaya (therapeutic diagnostics). Besides this for most of the diseases, Upadrava (clinical manifestations of complications) and Sadhyasadhyatva (prognostic features) are also described. Madhava is responsible for innovation of various disease identities which was neither mentioned in the history of any other samhitas. Few amongst them are Amavata (Polyarticular inflammatory diseases), Amlapitta (Acid-peptic diseases), Annadravakhyashoola – Parinamashoola (Gastritis, and peptic ulcer), Medoroga (Obesity and adiposity), Shitapitta-Udarda- Masurika (Infectious eruptive fevers), Kotha (Urticaria and angioedema), Yonikanda (Uterine prolapse), Visphotaka (Pemphigoid disorders), Sutikaroga (Puerperal disorders), and Lingarsha (Venereal warts).

Madhavacharya's description of 'Amavata' is noteworthy. Madhava dedicates a separate chapter for this first ever description of Amavata which is essentially a Polyarticular inflammatory disease³. The clinical manifestations of Amavata mention pain and swelling of the joints particularly of hands, feet, ankles, knees, hips, skull, and sacro-illiac joints, and generalized stiffness of extremities is an important manifestation of the disease. According to him the diffuse connective tissues, and the sacroiliac joints, are the main locations of the disease and are often

associated with multisystem involvement. The significant pathogenetic factors responsible for Amavata are, hypo-functioning of digestive and bio-transformable capacity, toxic conglomerate of antigen-antibodies, and central inflammatory response and generalized physiological dysfunction. Madhava categorically pointed out incompatibility between food and physical activities as one of the causes of the Amavata. Many more clinical symptoms are stated by Madhava in this chapter of Amavatanidanam.

The importance of Madhava- Nidan is evident from the several commentaries which have been written subsequently on it, and at least 20 of them by reputed Ayurvedic experts are traceable. The most referred commentary is the 'Madhukosha' in Sanskrit authored by Shrivijayarakshit and Shrikanthadatta. Madhavanidan which is originally written in Sanskrit language was translated in the Arabic in 8th century AD. Later on several translations are made into English, French, Italian, Sinhala, Hindi, Marathi, Gujarati, Kannada, Malayalam, Telugu, Bengali, Oriya etc. The diagnostic treatise is well preserved through the centuries and forms an essential component of current undergraduate and postgraduate teaching of Ayurveda. Madhava also authored another book 'Madhava-Chikitsa', a text on principles of therapeutics and this has been referred to by some authors; however the manuscript is not easily accessible.⁵ Dr.M.S.Krishnamurthy has recently published a book named Madhava Chikitsa. Here we can find that ,most of the chapters are as per the sequence of the chapters nidana. The ubhaya panchadasaka yantra and Ubhaya trimshaka yantra mentioned under striroga chikitsa are unique references which determine the

incorporation of tantric ways in Ayurvedic practices⁶. Though this text is still incomplete and in some areas/diseases and such portions still needs completion (sampoarana) and the revision (Punaravalokana) for better understanding and proper conveying⁷. At last we should remember that the mind boggling and amazing facts of innovation in the field of medicine and surgery in ancient India will never cease to astonish people of the world over and the immense debt that has to be paid to these Great Masters should always be remembered when considering the great history of Ancient India.

CONCLUSION: Though modern medical has developed a lot in terms of diagnosis, investigation etc. but still what Madhava has contributed for the diagnosis in a disease is extremely remarkable. Madhavanidana is an integral part of the practicing doctors of India. Diseases like Annadravashoola, Amavata, Amlapitta, Suti karoga, Shitapitta-Udarda- Masurika etc. we know today is for him. We are greatly indebted to him for his contribution to the field of Ayurveda.

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