

Understanding Metaphysical Principle of Gāmitva in Pramehacikitsā in the view of Rachanā and KriyāŚarīra

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Abstract:

Prameha has been a global problem. It is very well described in the *Āyurvedic* treatises which appears to be highly contemporary. In the present work, the authors have tried to focus on the narrations on *prameha* in *Āyurvedic* literature, especially pertaining to the metaphysical and abstract idea of *doṣa*, *dhātu mala*, *srotasas* and *gāmitva*, which has evolved from the concept of *Pañcabhautika* source of the universe and the channels responsible for its transportation. The keys to the elucidate pharmacological, pathological and therapeutical factors in the treatment of diseases is based on the aforesaid principles. The aetiopathogenesis of *prameha* as described by the *Āyurvedic* authors with a glance to the therapeutic measures is also included in the study. The

design of a human body is fixed and certain similarities exists in between human body and that of a plant - *dravya* used in the treatment of a diseases. A human or a plant body - *dravyas* have constituents like, *doṣa*, *dhātu mala* and *srotasas*. Based on the concept of *sāmānya* and *viśeṣa*, these constituents have affinity towards each other. *Prameha* is a disease of *kaphavaha*, *kledavaha*, *māmsavaha*, *medavaha*, *srotasas* including *mūtravaha* and *asthāna* in its entirety.

Key words:

Gāmitva, prameha, srotasa, mūtra, basti, kleda, meda, dūṣya.

Introduction:

This is the century of life style disorders and among them *prameha* is most predominant. India is becoming the capital of this disease. WHO and whole world is looking with great expectation

towards *Āyurved* for its control and management^[1]. Most of such disorders have prevention potential but they are difficult to cure. Detailed knowledge of human body is conducive to the well-being of the individual. Understanding the factors that constitute the body provides knowledge regarding the factors which are responsible for its wellbeing. It is because of this that experts extol the knowledge of the details of the body^[2].

In the initial verses of the chapter on the 'diagnosis of *prameha*' (obstinate urinary disorder including Diabetes mellitus), *cakrapāṇī* in its *ṭīkā* explains that, the etiological factors having properties homologous with *dhatu*, leads to the manifestation or aggravation of the disease. Etiological factors, always possess properties related to *doshas*; otherwise they will cease to be called etiological factors because in that case no disease will be caused at all^[3]. *Prameha* is mainly caused due to vitiation of all the three *doṣa*, but still it is predominantly caused due to *kaphadoṣa*. Out of the ten elements enumerated as *dūṣya* in *prameha*, *meda*, *māmsadhatu*, and *kleda* (body fluids) get invariably vitiated in all types of *prameha*. Remaining elements like *majjā* etc., do not invariably get vitiated in all types of

prameha or they get vitiated only slightly^[4].

Racanātmaka consideration:

Word *srotasa* when analysed, means a flow, hence flow of a particular *dhātupadārtha* at one level should be considered as *srotas* of that *dhātupadārtha*^[5]. There is a much functional diversity in the system of *srotas* in the body as there is elemental diversity in the structural composition of various organs/tissues of the body. Therefore, the *srotas as* are known by different names. As per the resemblance, *nādi*, *dhamani* and *sirās* are considered as synonyms of *srotas*, the difference being only functional^[6]. It may be provisionally stated that in general, *srotas* form a structure consisting of channels as well as openings which are always moving and are carrying *dhātus* and *malas*^[7]. The *dūṣya as* needs to be excreted by channels responsible for the excretion of *kleda* which may be called as the *kledavahasrotasa* (passages designed for the flow of feculent materials). As per *Carakācārya*, sites of origin of *mūtravahasrotasa* includes bladder and *vaṅkṣaṇa* (kidneys)^[8]. Here the term *mūtravahasrotasa* appears to include two different sets of structures:

(1) Structures concerned with the passage of formed urine like ureters and the urethra, (2) the second set refers to innumerable constituent functioning units in the kidney, i.e. nephrons which filter the urine as is more clearly described by *Vāgbhaṭācārya* who says that there are numerous *mūtravahanādis* having innumerable tiny openings through which urine is passed (filtered) into the *vastī*. The terms, *dhamanis*, *sirās* and *nādis* have been generally used to describe the renal arteries, veins and nerves respectively^[9]. *Vāgbhaṭācārya* in *Aṣṭāgasamgraha* has stated that *rasanemdriya*, *svedakleda*, *vasā*, *rakta*, *śukra*, *mutra*, etc. *Śīthila* (loose tissues) and *sneha bhava* are fluid like in nature – *jaliyabhava* and born from *āpamahābhūta*^[10]. So, these *padārtha* after getting metabolised will be excreted by *mūtravahasrotas*. According to *Carakācārya*, nutrient substances that support the body are subjected to *pāka* again, being acted upon by *dhātvāgnis*, giving rise, in the process, to two kinds of substances viz., *kiṭṭa* and *prasāda*^[11]. While enumerating *doṣas* and *dūṣyas* of all types of *prameha* *Carakācārya* has again stated, “*tridoṣas* and *dūṣyas* like *medas*, *rakta*, *śukra* and *ambu* (body fluid),

vasā (muscle fat), *lasikā* (lymph), *majjā*, *rasa*, *ojas* and *māmsa* are responsible for the causation of *prameha* which is of twenty types”^[12].

Kriyātmaka consideration:

Basti (*mūtrāśaya*) is situated in the midst of the umbilicus, back, waist, scrotum, rectum, groin and penis; has orifice (only) and thin skin (layers/covering), placed with its face downwards; *basti* (bladder), *bastiśiraḥ* (head of the bladder), *pauruṣam* (penis), *vr̥ṣaṇau* (testicles) and *guda* (rectum) are inter related (connected) and situated inside the cavity of the pelvis, pelvic bone and rectum; it is shaped like *alābū* (pitcher gourd) and supported by *sirā* (veins/blood vessels) and *snāyu* (ligaments).

This *mūtrāśaya* (urinary bladder) is the receptacle of *mala* (waste products) and an important seat of life; *nādis* (tubes/ducts) known as *mūtravahā* (ducts of urine) present in the *pakvāśaya* (large intestine) satisfy the bladder (filling it) by bringing urine always (continuously) just like the rivers (satisfying) the ocean; the mouths (openings) of these thousands of ducts are not visible because of their minuteness; these carry urine from the

interior of *āmāśaya* (stomach and small intestine), fill the bladder by oozing through its wall, both during waking and sleeping states (throughout day and night continuously). Just as a fresh earthen pot kept immersed in water up to its mouth (neck) gets filled with water through its sides, in the same way, it should be understood, that the bladder also gets filled with urine^[13].

From the aforesaid description it is deduced that the food after digestion, in the *āmāśaya* and *pakvāśaya* is divided in two parts (i) *prasādhāga*, i.e. useful portion and (2) *kiṭṭabhāga*, i.e. excreted portion. This act of separation takes place at the *unḍūka* (ileocecal junction). Then the liquid portion of the *kiṭṭabhāga* of digested food (*kleda*) circulating with the general *udaka* pool, i.e. water and electrolyte system of the body, passes to the *vastias mūtra* or urine after being filtered through innumerable channels, the nephrons. Thus the formation of urine starts just along the digestion of food and passes through three stages (i) *udaka* (general water pool), (ii) *kleda* (metabolites added to the water pool), (iii) *mūtra* (real urine after filtration)^[14].

Aetiology of *Prameha*:

Due to the simultaneous vitiation of all the three *doṣas* twenty types of *prameha* also innumerable other diseases are manifested. Thus, vitiation of all the three *doṣas* is the *raison d'être* for the manifestation of all types of *prameha*^[15]. Etiological factors, always possess properties homologous to *doṣas*; otherwise they will cease to be called etiological factors because in that case no disease will be caused at all [16]. *Carakācārya* in *nidānasthāna* and *cikitsāsthāna*, has further elaborated *prameha* aetiology. He says, “as the birds are attracted towards the trees where lies their nests, similarly, *prameha* affects people who are voracious eaters and have aversion to bath and physical exercises^[17] (Agniveśa, Caraka Samhitā, 1994, pp. *nidānasthāna* 4/51-52). Addiction to the pleasure of sedentary habits, sleep, curds, soup of meat of domesticated and aquatic animals and animals inhabiting marshy land, milk preparations, freshly harvested food articles, freshly prepared alcoholic drinks, preparations of jiggery and all *kapha* aggravating factors are responsible for the causation of *prameha*^[18].

Thus, aggravated *kleda* (sticky or liquid elements in the body), *medas*

(adipose tissue) and *kapha* are responsible for the causation of *prameha*^[19]. All these are seen to be *jaliyabhavs*, so they too utilise the same channels, the *kledavaha* (passages designed for the flow of fluids) and *kaphavahasrotasa*.

Pathogenesis of *Prameha*:

Carakācārya, in *nidānasthāna* and *cikitsāsthāna* has beautifully described the pathogenesis of *Prameha*, which makes a *Vaidya* capable to envisage the changes leading to the disease. In *cikitsāsthāna* he states that, “*kapha* having vitiated *medas*, *māmsa* and *kleda* (liquid matrix) of the body located in *basti* (urinary tract), causes different types of *meha*. Similarly, *pitta* aggravated by hot things vitiates those elements and causes different types of *meha*. When other two *doṣas* are in a relatively diminished state, the aggravated *vāyu* draws tissue elements, viz. *ojas*, *majjā* and *lasikā* into the urinary tract and vitiates them to cause the third category of *prameha*. Different *doṣas* having entered the *basti* (urinary tract) in vitiated conditions give rise to the respective categories of *meha*^[20].

Cakrapāṇī's explanatory note in the foregoing are of good value. He

observed: ‘by implication i.e., as a consequence *pitta* and *kapha* are not diminished in relation to their own state of equilibrium, but only in relation to the aggravated *vāyu*. The statement in the above verse implies that if *vāyu* is gradually aggravated after the aggravation of *pitta* and *kapha*, then the *prameha* caused thereby does not belong to the above mentioned (third) category which is described as incurable and of four types. On the other hand, this type of *prameha* (caused by gradually aggravated *vāyu* after the aggravation of *pitta* and *kapha*) is curable^[21]. Thus, *vāticprameha* can occur in two ways, in one type *vāyu* is primarily (i.e. right at the time of origin of disease) aggravated and is incurable. In the other type *vāyu* is secondarily aggravated. It is generally specified as *vātolvaṇaprameha* and it is curable^[22].

Prameha and *srotogāmitva*:

From the aforesaid remarks about the anatomical and physiological consideration and the causative factors it is understood that in *prameha*, *medovaha*, *māmsavaha*, *kledavaha* (passages designed for the flow of fluids) *kaphavahasrotasa*, along with *basti* which includes the entire system

required for the production of urine (*mūtrajananasamsasthā*) and the channel utilised for the excretion of urine (*mūtramala*) and *mutramalāyana* (the reservoir of excretory product – the urine) are certainly vitiated^[23].

Homologous nature of the etiological factors in *prameha*, concerned with the vitiation and production of elements that are having excessive fluidity (*dravaprādhānyatā*), leads to the difficulty in its excretion. The modalities of treatments for *prameha* should take into consideration (a) the homologous nature of these factors and (b) the *gāmitva*–approachability of drugs upto the *mūtravahasansthāna*. It should lead in the development of congenial atmosphere in *medovaha*, *māmsavaha*, *kledavaha* (passages designed for the flow of fluids) *kaphavahasrotasa*, *basti*, *mūtrajananasamsasthā* and *mutramalāyana* for excretion of the feculent materials. A treatment cannot be designed without taking into consideration the organs involved in the pathogenesis of a disease. Each and every disease develops in some or the other *malāyana*, thereby vitiating that area or organs in that area. Naturally, this leads to impairment in the quality of

the organs leading to reduction in its functioning abilities.

The anatomy of human and plant body is fixed and established. As there are various parts of human body likewise plant's torso consists of cells, tissues, organs, systems etc. which should be recognized. There exist similarities among them to quite some extent. A specific part of a plant is seen to be more attracted towards specific part of the human body, thereby reflecting its affinity vis-à-vis *gāmitva*. It could be explained by some examples. The seeds of certain plants possess *vṛṣya* – aphrodisiac attribute. That part of a plant exhibiting this property will be attracted to a particular part of the body and lead to its growth, but though due to generic concomitance (*sāmānyasiddhānta*) it has got the approach, its action can be completely different. For e.g., *Cakṣuṣya* (increasing the ability of eyes) and *acakṣuṣya* (decreasing the ability of eyes) herbs (*dravya*), both are having the ability to approach to eyes. But, their action is mutually antagonistic. Similarly, *vṛṣya* and *avṛṣya* drugs acts on the same parts of the body, both have similar type of affinity, but actions are contradictory. Curd produces clog (*abhiṣyanda*) in liver including the

channels of *pitta*, whereas the black pepper (*piper longum* - *pipplī*) is having the ability to approach liver but it reduces the clog of the channels in liver. In this manner principle of *gāmitva* needs to be assiduously adhered to during the treatment of a disease using drugs. For the growth and development of *smṛtī*, *Carakācārya* has enumerated eight reasons in which extreme similarity is observed along with extreme dissimilarity. On seeing very obese person we recollect another obese or very lean and thin person, conversely on seeing awfully slim person another thin or obese person is remembered; this experience is comparable with the concept of *gāmitva*. *Gāmitva* is not only towards similar body constituents but also towards dissimilar body constituents. In reality *khadīṣitā* (sugar) is a causative factor of *prameha*, still *triphalākhaḍīṣitā* is given as one of combination in the treatment of *prameha* for supporting the ability (*vyadhipratyanika* – acting against disease) of *triphalā* to reach the *doṣa-dūṣya* involved in its pathogenesis^[24].

Metaphysical concept of *gāmitva*:

As per the description in various *Āyurvediksaṃhitās*, 20 types of *prameha*

are described on the basis of pathological conditions, which are seen as deviation from normal physiological appearance of urine. Thus, *prameha* is a disease, rather a syndrome depicting gross deviance from the standard features of urine. As per the pathogeneses, *prameha* is seen to have its root in the *basti*. Respected Gogte sir has included *mūtrajananaśāsthā*, the channel utilised for the excretion of urine (*mūtra mala*) and *mutramalāyana* (the reservoir of excretory product – the urine) which are certainly vitiated. With this perspective one has to always keep in view *basti*, in the treatment of *prameha*.

It is better to know the concept of *sāmānya* and *viśeṣa* before expounding on the metaphysical concept of *gāmitva*. Says *Carakācārya*: 'Generic concomitance (*sāmānyasiddhānta*) is always the cause of the augmentation of all the beings (whereas) the variant factor (*viśeṣa*), of (their) diminution (provided) both are applied'^[25]. His commentator, *Cakrapāṇī* has further clarified by stating, '*Sāmānya* is, in fact, that generic concomitance or a state of generality or similarity which is always responsible for augmentation of all the three categories viz., matter, quality and action. The generic concomitance is an

augmenting factor only when it is related to the two objects having common characteristics.'

Conclusion:

If one observes the *brihadtriya* comprising of *Caraka*, *Suśruta* and *Vāgbhaṭācārya* the liquid *kalpas* (formulations) are more as compared to any other form of formulation. Moreover, it is also stated that consuming warm water early morning cleanses the bladder^[26]. This cleansing or purificatory activity acts as a *rasayan* in *prameha* because it removes basic and most important causative factor *kleda* out of the system. Hence we can deduce that *kvātha* is the type of *kalpnā* that is most suitable for the treatment of this disorder which has *kledapradhānaduṣyas* and that needs to be excreted through *basti* which includes the entire system required for the production of urine (*mūtrajananasamsasthā*) and the channel utilized for the excretion of urine (*mūtra mala*) and *mutramalāyana* (the reservoir of excretory product – the urine) are certainly vitiated^[27].

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