

DIFFERENT VIEWPOINTS ON THE INTERPRETATION OF *PITTAJ NANATMAJA* DISORDERSDr. Gyaneshwar Bhai Patel^{*1}, Prof. Manohar Ram² and Dr. Ramnihor Tapsi Jaiswal³¹PG Scholar, Samhita and Siddhant Department, Government Ayurvedic College and Hospital, Varanasi.²Professor and HOD, Samhita and Siddhant Department, Government Ayurvedic College and Hospital, Varanasi.³Reader, Samhita and Siddhant Department, Government Ayurvedic College and Hospital, Varanasi.

*Corresponding Author: Dr. Gyaneshwar Bhai Patel

PG Scholar, Samhita and Siddhant Department, Government Ayurvedic College and Hospital, Varanasi.

Article Received on 01/07/2025

Article Revised on 22/07/2025

Article Accepted on 12/08/2025

ABSTRACT

Ayurveda is the study of living beings and offers various principles to enhance the quality of life. Its two main objectives are maintaining health (स्वस्थस्य स्वास्थ्यरक्षणम्) and treating diseases (आतुरस्य विकारप्रशमनं च)^[1] To achieve these goals, Ayurveda has established several fundamental principles.^[2] Successfully treating diseases first requires a clear understanding and accurate diagnosis³. According to Ayurveda, diseases are broadly classified into two categories: exogenous (Agantuja Vyadhi) and endogenous (Nija Vyadhi).^[4] Endogenous diseases are further divided into *samanyaja* and *nanatmaja* types.^[5] *Samanyaja* diseases involve the disturbance of two or more *doṣas*, while *nanatmaja* diseases arise from the imbalance of a single *doṣa* without involving others.^[6] This article focuses specifically on forty types of *pitta*-related *nanatmaja* disorders.^[17]

KEYWORDS: Ayurveda, Pitta, Tridosha, Samanyaja Vikara, Nanatmaja Vikara, Pittaj Nanatmaja Vikara, Dosh.

INTRODUCTION

Ayurveda is the science of life, concerned with the study of living beings and the principles that enhance the quality of life. Its two primary objectives are the maintenance of health (स्वस्थस्य स्वास्थ्यरक्षणम्) and the treatment of diseases (आतुरस्य विकारप्रशमनं च).^[8] To fulfill these aims, Ayurveda lays down a set of fundamental principles that guide both preventive and curative health care.^[9] The successful management of any disease depends on a precise understanding of its nature and accurate diagnosis. According to Ayurvedic nosology, diseases are broadly classified into two main categories: exogenous (Agantuja vyadhi) and endogenous (Nija vyadhi).^[10] Nija vyadhi are further divided into *samanyaja* and *nanatmaja* types. *Samanyaja* diseases result from the disturbance of two or more *doṣas*, whereas *nanatmaja* diseases arise from the imbalance of a single *doṣa* without the involvement of others.^[11] The present study specifically focuses on forty distinct *pitta*-related *nanatmaja* disorders as described in classical Ayurvedic literature.^[12]

AIM AND OBJECTIVES

The primary goal of this research is to gain deeper

insights into *pittaj nanatmaja vikara*, making it easier to accurately diagnose the condition and effectively apply the appropriate treatment methods.

MATERIAL AND METHODS

The subject matter relevant to this topic was gathered from various Ayurvedic classics and their available commentaries, which were then carefully analyzed to develop suitable insights aligned with the objectives of this research.

Pittaja Nanatmaja Vikara

According to Ayurvedic classics, there are countless diseases, and to facilitate their understanding, various classifications have been made based on different criteria.^[13] Accurate knowledge of a disease is crucial for a physician to apply the correct treatment principles and medications.^[14] One of the broad classifications devised by ancient sages divides diseases into *samanyaja vyadhi* and *nanatmaja vikara*.^[15] The balance or imbalance of the *tridoṣas* is considered the fundamental cause of health and disease, respectively, with the concepts of *samanyaja* and *nanatmaja vikara* rooted in this principle.^[16] To address complex pathological conditions within Ayurveda, the concept of *nanatmaja vikara* was

introduced for students of Ayurveda.^[17] *Nanatmaja vikara* are disorders that arise solely from a disturbance in a single *doṣa* and are not caused by any other *doṣa*.^[18] These represent primary pathological conditions that originate from one *doṣa* alone and never manifest due to others.^[19] Although countless in number, they are broadly categorized as eighty *nanatmaja vikara* caused by *vata doṣa*, forty by *pitta doṣa*, and twenty by *kapha doṣa*.^[20]

Classifications

Ayurveda employs several approaches to comprehend disease pathogenesis. For classifying the forty *pittaja nanatmaja vikara*, this study uses the five types of *pitta*^[21], the disease pathways (*roga-marga*)^[22], and the specific sites where ailments manifest^[23], as outlined below.

1. Classification based on type of Pitta outraged

<i>Pacaka Pitta</i>	<i>Ranjaka Pitta</i>	<i>Sadhaka Pitta</i>	<i>Alochaka Pitta</i>	<i>Bhrajaka Pitta</i>
<i>Vidāha</i>	<i>Kāmala</i>	<i>Jīvādāna</i>	<i>Akṣipāka</i>	<i>Tvagdāha</i>
<i>Antardāha</i>	<i>Haritatva</i>	<i>Tamahpraveśa</i>	<i>Harita-hārdra-netra</i>	<i>Tvagavadaraṇa</i>
<i>Amlaka</i>	<i>Hārdritatva</i>	<i>Ālāsa</i>		<i>Carmadalana</i>
<i>Tiktāsyatā</i>	<i>Harita-hārdra-netra-mūtra-varchaḥ</i>	<i>Oṣa</i>		<i>Piṭaka-like features (inferred)</i>
<i>Lohitagandhāsyatā</i>	<i>Raktapitta</i>	<i>Ploṣa</i>		<i>Aṅgagandha</i>
<i>Pūtimukhatā</i>	<i>Raktakoṭha</i>			<i>Māmsakleda</i>
<i>Āsyavipāka</i>	<i>Raktavisphoṭa</i>			<i>Aṅgavadaraṇa</i>
<i>Atrpti</i>	<i>Raktamaṇḍala</i>			
<i>Ūṣmādhikya</i>	<i>Nīlikā</i>			
<i>Atisveda/Aṅgasveda</i>	<i>Śoṇitakleda</i>			
<i>Davathu</i>				
<i>Dhūmaka</i>				

Note – *Kāmala* -*Ranjaka pitta* + *Pachaka Pitta*
Tamahpraveśa- *Sadhak pitta* & Systemic Effect.

2. Classification based on roga-marga

<i>Shakha-gata (bahya roga-marga)</i>	<i>Marmasthisandhi (madhyama roga-marga)</i>	<i>Koshtha-gata (abhyantara roga-marga)</i>
<i>Tvagdāha</i>	<i>Oṣa</i>	<i>Vidāha</i>
<i>Tvagavadaraṇa</i>	<i>Vidāha</i>	<i>Antardāha</i>
<i>Carmadalana</i>	<i>Dāha</i>	<i>Medhrapāka</i>
<i>Raktavisphoṭa</i>	<i>Ploṣa</i>	<i>Gudapāka</i>
<i>Nīlikā</i>	<i>Aṃsadāha</i>	<i>Tiktāsyatā</i>
<i>Akṣipāka</i>	<i>Ūṣmādhikya</i>	<i>Atrpti</i>
<i>Haritatva</i>	<i>Atisveda / Aṅgasveda</i>	<i>Lohitagandhāsyatā</i>
<i>Hārdritatva</i>	<i>Aṅgavadaraṇa</i>	
<i>Harita-hārdra-netra-mūtra-varchaḥ</i>	<i>Aṅgagandha</i>	<i>Amlaka</i>
<i>Raktakoṭha</i>	<i>Śoṇitakleda</i>	<i>Āsyavipāka</i> <i>Davathu</i>
	<i>Māmsakleda</i>	<i>Kāmala</i>
	<i>Kakṣā</i>	<i>Medhrapāka</i>
	<i>Kāmala</i>	<i>Amlaka</i>
	<i>Jīvādāna</i>	<i>Dhūmaka</i>
	<i>Tamahpraveśa</i>	<i>Galapāka</i>

3. Classification based on body part infested

<i>Adhah-Shakhagata</i>	<i>Urdhva Shakhagata</i>	<i>Madhyakaya-gata</i>	<i>Urdhva Jatrugata</i>	<i>Sarvanga sanshrita</i>	<i>Manovikara</i>
<i>Gudapāka</i>	<i>Aṃsadāha</i>	<i>Oṣa</i>	<i>Davathu</i>	<i>Haritatva</i>	<i>Tamahpraveśa</i>
<i>Medhrapāka</i>	<i>Kakṣā</i>	<i>Ploṣa</i>	<i>Dhūmaka</i>	<i>Hārdritatva</i>	
<i>Haritahārdra-mūtra</i>		<i>Dāha</i>	<i>Lohitagandhāsyatā</i>	<i>Nīlikā</i>	
		<i>Vidāha</i>	<i>Tiktāsyatā</i>	<i>Raktakoṭha</i>	
		<i>Antardāha</i>	<i>Amlaka</i>	<i>Raktavisphoṭa</i>	

		<i>Kāmala</i>	<i>Pūtimukhatā</i>	<i>Raktamaṇḍala</i>	
		<i>Māṃsakleda</i>	<i>Āsyavipāka</i>	<i>Tvagdāha</i>	
		<i>Śonitakleda</i>	<i>Galapāka</i>	<i>Tvagavadaraṇa</i>	
		<i>Ūṣmādhikya</i>	<i>Akṣipāka</i>		
		<i>Atisveda/Āṅgasveda</i>	<i>Harita-hārdrā-netra</i>	<i>Carmaḍalana</i>	
		<i>Aruci/Āsyavipāka</i>		<i>Āṅgagandha</i>	
				<i>Jīvādāna</i>	
				<i>Āṅgavadaraṇa</i>	

DISCUSSION

Although numerous seers following Acharya Caraka *Samhitā Sūtrasthāna* 20/14 have listed forty *pittaj nanatmaja vikara* in their respective texts, the actual count often exceeds forty, as different scholars have identified and described varying *pittaj nanatmaja* disorders.^[24] This discussion specifically centers on the forty *nanatmaja vikara* attributed to pitta dosha, as classified by Acharya Charaka. A detailed analysis of these forty conditions, based on the types of pitta involved, shows that *pachak pita* is most frequently implicated in these disorders. *Ranjak pitta* is next in significance, followed by combinations of *bhrajaka, sadhaka* and *aalochak pitta*.

The second method of classification considers the disease pathway, or *rogamarga*. Acharya Charaka, in the *Sutrasthana* of the *Charaka Samhita*, provides a detailed explanation of disease classification based on *roga-marga*, which includes *shakha-gata* (external pathway), *marmasthisandhi-gata* (intermediate pathway involving vital points, bones, and joints), and *koshtha-gata* (internal pathway).^[25] Among these, most *pittaj nanatmaja vikara* fall under the *Marmasthisandhi (madhyama roga-marga)* and *Koshtha-gata (abhyantara roga-marga)*, followed by those in the *shakha-gata* pathway. This distribution illustrates how pitta affects a wide range of organs and body parts.

Another major classification groups these diseases by the specific region of the body involved, known as *sthananusara*. These categories include *adhah-shakhagata* (lower limbs), *urdhva shakhagata* (upper limbs), *madhya-kayagata* (torso), *urdhva-jatrugata* (head region), *sarvangashrita* (throughout the entire body), and *mano-vikara* (mental disorders). Analysis of this method shows that most of *pittaj nanatmaja* disorders occur in the *sarvangashrita* (throughout the entire body) followed by *madhya-kayagata* (torso), *urdhva-jatrugata* (head region), *adhah-shakhagata* (lower limbs), *urdhva shakhagata* (upper limbs), and *mano-vikara* (mental disorders). This highlights *pitta dosha's* extensive influence in causing various diseases throughout the body.

These approaches to classification not only aid in more accurate diagnosis but also inform key therapeutic decisions, such as drug selection, dosage, formulation, and timing of administration.

CONCLUSION

A thorough understanding of any disease is highly beneficial for effectively applying treatment principles and achieving successful outcomes. Classifying *pittaja nanatmaja vikara* based on the types of *pitta* involved, the affected *roga-marga* (disease pathway), and the location of disease manifestation supports this objective. This research aims to contribute to that understanding and is intended to assist Ayurvedic practitioners in accurately diagnosing ailments and applying appropriate drug treatment strategies.

REFERENCES

1. Caraka, Agniveśa, and Dṛḍhabala. Caraka Samhitā, Sūtrasthāna 30/26. Edited by Yādavaśarman Trikamjī Ācārya. Varanasi: Chaukhambha Orientalia, 2009.
2. Caraka, Agniveśa, and Dṛḍhabala. Caraka Samhitā, Sūtrasthāna 1/24. Edited by Yādavaśarman Trikamjī Ācārya. Varanasi: Chaukhambha Orientalia, 2009.
3. Caraka, Agniveśa, and Dṛḍhabala. Caraka Samhitā, Vimānasthāna 4/3. Edited by Yādavaśarman Trikamjī Ācārya. Varanasi: Chaukhambha Orientalia, 2009.
4. Suśruta, and Nāgārjuna. Suśruta Samhitā, Nidānasthāna 1/8. Edited by Yādavaśarman Trikamjī Ācārya. Varanasi: Chaukhambha Surabharati Prakashan, 2008.
5. Caraka, Agniveśa, and Dṛḍhabala. Caraka Samhitā, Nidānasthāna 1/6. Edited by Yādavaśarman Trikamjī Ācārya. Varanasi: Chaukhambha Orientalia, 2009.
6. Mādhava, and Vijayarakṣita. Mādhava Nidāna, Chapter 1/5. Edited by Vaidya Yadunandan Upadhyaya. Varanasi: Chaukhambha Sanskrit Bhavan, 2004.
7. Caraka, Agniveśa, and Dṛḍhabala. Caraka Samhitā, Sūtrasthāna 20/14. Edited by Yādavaśarman Trikamjī Ācārya. Varanasi: Chaukhambha Orientalia, 2009.
8. Caraka, Agniveśa, and Dṛḍhabala. Caraka Samhitā, Sūtrasthāna 30/26. Edited by Yādavaśarman Trikamjī Ācārya. Varanasi: Chaukhambha Surabharti Prakashan, 2017.
9. Suśruta, and Nāgārjuna. Suśruta Samhitā, Sūtrasthāna 1/16. Edited by Yādavaśarman Trikamjī Ācārya. Varanasi: Chaukhambha Orientalia, 2012.
10. Vāgbhaṭa. Aṣṭāṅga Hṛdaya, Sūtrasthāna 1/24–25. Edited by Harisāstrī Pāṇḍurang. Varanasi: Chaukhambha Sanskrit Series Office, 2009.

11. Caraka, Agniveśa, and Dṛḍhabala. Caraka Saṃhitā, Sūtrasthāna 20/11. Edited by Yādavaśarman Trikamjī Ācārya. Varanasi: Chaukhambha Surabharti Prakashan, 2017.
12. Caraka, Agniveśa, and Dṛḍhabala. Caraka Saṃhitā, Sūtrasthāna 20/14. Edited by Yādavaśarman Yādavaśarman Trikamjī Ācārya. Varanasi: Chaukhambha Surabharti Prakashan, 2017.
13. Caraka, Agniveśa, and Dṛḍhabala. Caraka Saṃhitā, Sūtrasthāna 18/44–45. Edited by Trikamjī Ācārya. Varanasi: Chaukhambha Orientalia, 2017.
14. Suśruta. Suśruta Saṃhitā, Sūtrasthāna 21/36. Edited by Yādavaśarman Trikamjī Ācārya. Varanasi: Chaukhambha Orientalia, 2017.
15. Vāgbhaṭa. Aṣṭāṅga Saṃgraha, Sūtrasthāna 20/16. Edited by Shivaprasad Sharma. Varanasi: Chaukhambha Sanskrit Series, 2015.
16. Sharma, P. V. Ayurveda Ka Vaigyanika Itihasa. Varanasi: Chaukhambha Orientalia, 1999.
17. Tripathi, Brahmanand. Charaka Saṃhitā (Sūtrasthāna), Chaukhambha Surbharati Prakashan, Varanasi, 2014.
18. Dash, Bhagwan, and Lalitesh Kashyap. Fundamentals of Ayurveda. Delhi: Concept Publishing Company, 1980.
19. World Health Organization. WHO International Standard Terminologies on Traditional Medicine in the Western Pacific Region. Manila: WHO Regional Office for the Western Pacific, 2007.
20. Caraka, Agniveśa, and Dṛḍhabala. Caraka Saṃhitā, Sūtrasthāna 20/14. Edited by Yādavaśarman Trikamjī Ācārya. Varanasi: Chaukhambha Orientalia, 2017.
21. Caraka, Agniveśa, and Dṛḍhabala. Caraka Saṃhitā, Cikitsāsthāna 15/39–44. Edited by Yādavaśarman Trikamjī Ācārya. Varanasi: Chaukhambha Orientalia, 2017.
22. Suśruta. Suśruta Saṃhitā, Sūtrasthāna 21/36–38. Edited by Yādavaśarman Trikamjī Ācārya. Varanasi: Chaukhambha Orientalia, 2017.
23. Vāgbhaṭa. Aṣṭāṅga Saṃgraha, Sūtrasthāna 20/16. Edited by Shivaprasad Sharma. Varanasi: Chaukhambha Sanskrit Series, 2015.
24. Caraka, Agniveśa, and Dṛḍhabala. Caraka Saṃhitā, Sūtrasthāna 20/14. Edited by Yādavaśarman Trikamjī Ācārya. Varanasi: Chaukhambha Surabharati Prakashan, 2000.
25. Caraka, Agniveśa, and Dṛḍhabala. Caraka Saṃhitā, Sūtrasthāna 28/8. Edited by Yādavaśarman Trikamjī Ācārya. Varanasi: Chaukhambha Surabharati Prakashan, 2000.