

A Review Study of Vaadamarga: Tools of Debate For Physician

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Abstract: Vaada or debate has been working as instruments for sharing ideas and information since long past and still a strong medium and part of curriculum in study. Debate provides apprehensible knowledge with depth of subject, an essential aspect for medical science and physicians as it is directly related with lives of human beings. Charak Samhita has mentioned the tools or has shown the path for debate in scholarly assemblage, known as Vaadamarga. Those are still workable in present scenario.

Keywords: Vaada, Vaadamarga, Charak Samhita, Debate, Physicians.....

Vaada (debate) is a discussion with opponent based on scriptures¹. It is contention by words or arguments². Logical discussion promotes knowledge, power of speech, spreads fame and, eliminates doubts³. In a debate, the person who starts supporting the discussion is known as *Vaadi* while opponent who refutes, is known as *Prativaadi*. *Charak Samhita* in Vimanasthana 8/15 cites the necessity of debate for physicians. Two types of debates are suggested in Vimanasthana 8/16 viz., Sandhyaya sambhasha (friendly debate/discussion) and Vigrihya sambhasha (hostile debate/discussion)³.

What should be said, what should not be said or what is point of defeat are important factors determining factors of any debate⁴. 44 terms are cited for determination of course of debate among physicians. They serve as marga or tool of discussion⁵. These *Vaadamarga* are They are *Vada, Dravya, Guna, Karma, Samanya, Vishesh, Samavaya, Pratigya, Sthapana, Pratisthapana, Hetu, Drishtanta, Upanaya, Nigamana, Uttara, Siddhanta, Shabda, Pratyaksha, Anumana, Aitihya, Aupamya, Samashaya, Prayojana, Savyabhichara, Jijnyasa, Vyavasaya, Arthaprapti, Sambhava, Anuyoja, Ananuyoja, Anuyoga, Pratyanyoga, Vakyadosha, Vakyaprashansa, Chala, Ahetu, Ateetakala, Upalambha, Parihara, Pratigyan, Abhyanyoga, Hetwantara, Arthantara and Nigrahasthana*.

Vaada: It means to discussion based on accepted textual references¹. It's an effort to know the truth⁶. It is further dealt as discussion with pramana (proof), tarka (logic), sadhana (measurement/medium) and panchavayava (five components) according to siddhant (principles)^{6,7}. Two types are suggested viz., *Jalpa* and *Vitanda*.

Jalpa: It is advancement of one's own view contradicting opponent's view logically.

Vitanda: It is type of discussion where opponent's views are contradicted without advancing to debate. This is more concerned with opposing than putting one's own views.

Since long past attempt for better teaching and understanding of medicine is matter of concerns for people involved with studying and teaching medicine. Debate is considered as important tool. Discussion with criticism in analytical sense brings creative approaches for understanding the medicine⁸. It also gives option of improvement for every physician.

Dravya: The substance in which guna (quality) and karma (action) reside with an inseparable relation is called dravya. The guna and karma are not capable of producing something in terms of effects by themselves, hence they are not samavayi kaarana. It's dravya which carries qualities and action, hence it causes the effects⁹.

Qualities of dravya is inherited characteristic of dravya, so existence of qualities is dependent upon dravya. Same way action is dependent upon qualities and dravya. If any of these two are affected, action will automatically get changed. Qualities differs with change of dravya. Action of drug is not initiated because of the nature of dravya, but it is outcome of reaction with specific body. Dravya possess the qualities and their mode of action itself¹⁰. Lots of similar topics in debate for dravya are able to enhance the capabilities of physicians for appropriate use of drugs.

Guna: Any of dravya performs its pharmacological action due to guna (qualities). These gunas are result of different proportions of inheriting panchmahabhutas. Accordingly, gunas are suggested of three types. those common to pan-

chmahabhutas and those related with soul. Shabda, sparsh, roopa, rasa and smell are categorized under those constituting panchamahabhutas. Guru, laghu, sheeta, ushna, snigdha, ruksha, manda, tikshna, sthira, sara, mridu, kathina, vishada, pichhala, slakshna, khara, sthula, sukshma, sandra and drava are placed under category common to panchamahabhutas while those related with soul are buddhi, smriti, chetana, dhriti, ahamkara, ikchha, dwesha, sukha, dukkha, prayatna, para, apara, yukti, samkhyā, samyoga, vibhaga, prithaktwa, parimana, samskara and abhyasa¹¹.

Based on panchamahabhautik constituents or related to soul how a guna affects human physiology or guna possess pharmacological actions are matter of debate among physicians. Elaborative discussions based on experiences is liable to bring better result. Discussion makes the effects of guna on tridosha and on prakriti apprehensible.

Karma: It is present in dravya with reasons for combination and separation. It is related to action which is supposed to be achieved¹². It accompanies the action of dravya (drug).

How the pathogenic factors of body and mind come under influence of karma of dravya? What are associated actions of dravya along with main actions? Many similar questions based on action are comprehended with discussions among physicians.

Samanya: It is state general characteristic responsible for state of dravya (matter), quality and action. It is about correlation. It is more about concomitance or augmenting factor of objects with similar characteristics. It in combination with other factors viz., response of body to specific, interaction of matters etc. performs individual effects¹³. These general characteristics may be dravya samanya, guna samanya and karma samanya.

It's always matter of debate among physicians to know the way generality of dravya brings similar effects or sometimes just different effects on individual body or sometimes with dravya dissimilar characteristics causes similar effects.

Vishesha: It is distinguishing factor between the things. It is the cause for hrasa or reduction¹³. It may be dravya vishesha, guna vishesha, and karma vishesha.

Both anabolic and catabolic activities are occurring same time in any living cell or tissue or body. Even after having similar characteristics, some of dravya cause catabolic activities or qualities of dravya produce such catabolic actions. The reasons with minute understanding of subject is topic of debate for physicians, so that proper uses of dravya can be adjudged.

Samavaya: Inseparable relation of guna and karma always exists with dravya. With dravya such qualities are of no use. Rational inference for specific quality for individual dravya can be discerned well by discussion^{9,12} which assists physician for better course of treatment.

Pratigya: It is declaration about an object to be proved. It is proposition as outcome of example and logic^{14,15}. This is basis for justification or any debate as debate starts with proposition.

Sthapana: It is justification for pratigya by cause, example, correlation and conclusion^{14,15}. Justification itself is defending or opposing a proposition and that's the core of any debate. It gives confidence to physicians for execution.

Pratisthapanā: It is contradicting the statement or proposition. It is done with counter arguments for given proposition^{14,15}. Logical arguments are heart of any debate and is essential for any physician.

Hetu: Once proposition is set then hetu (causes) are considered. It is mean for obtaining knowledge. Causes are generated by four ways viz., by pratyaksha (direct observation), anumān (inference), aetiḥya (tradition) and aupya (analogy)^{14,15}. Causes make debate rationale and explicit under the lights of reasons and provide same to physician for using specific treatment mode.

Drishtanta: This is mentioning of similar things for cognition to explore the concerned subjects¹⁴. This makes easy in apprehension for wise and ignorant¹⁵. This presents the precedence for the case as matter of debate.

Upānaya: Logical judgement of action is upānaya. This is based on action and is established after several examinations and reasoning¹⁴. As the logic and reasoning may differ from one's experience to another's. Healthy discussion only

the medium to reach on most appropriate and is always beneficial for physician and patients.

Nigamana: This is unifying idea based on recurrent evidences obtained during the study at last of study. As this is based on outcomes, this invites discussion based on methodologies and result of the study.

Uttara: *Charak Samhita* highlights this as an act of determining something as false based on similarity or dissimilarity of examples viz., for given statement as ‘diseases are similar to cause as sitaka (cold) disease has similar causes like exposure to sheeta maruta’ the utara comes as ‘diseases are dissimilar to cause as in burning sensation, heat, sloughing and suppuration of body parts are dissimilar to sheeta maruta’¹⁶.

Siddhanta: Examination and reasoning to establish is called as siddhanta or demonstrated truth¹⁶. Four types of siddhanta are as suggested as sarvatantra siddhanta or siddhanta common to all scriptures, pratitantra siddhanta or siddhantra specific to any scripture, adhikarana siddhanta or siddhanta implied from a given truth and abhyupgama siddhanta or siddhanta to be granted¹⁴. These all siddanta are taken to relate the opted works with established examples or mentioning of literatures. This gives strength to discussion and important for any debate.

Shabda: “Word (shabda) is unit of language, consisting of one or more spoken sounds or their written representation”¹⁷. Four types of words are suggested in *Charak Samhita* as dristārtha or based on observations, adristārtha or based on unobservable phenomena, satya or factual and anrita or false or contrary to facts^{14,16}. These are significant tools in matter of discussion as except anrita, all others are quoted in fruitful debate.

Pratyaksha: The things which are perceived by aatma (oneself) and indriya (sense organs) is called as pratyaksha¹⁸. *Charak Samhita* suggests it as knowledge obtained from combination of aatma, indriya, mana and artha¹⁹. Number of times discussion/debate is based on perceptions obtained from prtyaksha praman (direct proof) and it is considered as one of best example.

Anumana: It is inference based on experience²⁰. This inference is accompanied with arguments based on reasoning²¹. Coherent and logical discussions based on rationale are always important tool for debate.

Aitihiya: These are words of divine origin²¹. It means to say something which is universal truth or which cannot be falsified. Such words are always taken to give healthy elasticity to any debate.

Anupmaya: It is exposition based on similarity in appearance and action. As disease dandaka is characterized by similarity of rigidity of muscle like danda while dhanstambha is related to dhanus. It is exactly analogy means similarity between like features of two things. Such examples provide effectiveness to any debate.

Samashya: This is proposing others to complete the part of work²². It is want of decision in relation to the various doubtful objects of similar implications²⁴. It is uncertain knowledge²³. Understanding of samashya is important in any debate as it may lead to new work or misguide the discussion.

Prayojana: This is purpose to be achieved or the object which needs to be accomplished through various measures as to attain longevity drugs promoting longevity can be used²⁴. As this is about the anticipated outcome under planned actions, so it becomes important for debate.

Savyavichara: This is a type of statement leading to doubts as whether any specific medicine for specific disease would be appropriate²⁵. Such doubts are common body of any debate which is cleared with further more proofs based on experiences.

Jijnasa: This is curiosity or enquiry aimed with examination as detailing the drugs after examination²⁵. Jijnasa a basic of origin of many of debate or understanding of debate.

Vyavasaya: Ascertaining an aim by determining is vyavasaya as for vatika type of disease specific drug is better suited²⁵. Physicians may get better understanding about determination of various drug and disease relationship through exchanging the experiences and that’s possible through debate.

Arthaprapti: Not expressed directly but indicated by necessary connotation is arthaprapti as if a patient is suggested not to eat during day time, it means food should be given during night²⁵. Such reasoning accepted as separate source of knowledge, so automatically becomes part of debate for physician.

Sambhava: Whatever happens that's sambhava, it means to say that from what anything is originated that is sambhava²⁶. This about the source in hidden stage it means if something is there, then related things may exist. Such part always come in discussion by physicians for understanding the causal effects of any disease or remedial effects of any drug.

Anuyojya: Sentence or statement without transparency or clear meaning is anuyojya²⁶. This is also about the statement to specify an object as some disease is suggested to cured by sanshodhana process. Whether it is emetic or purgation therapy?²⁶ Both cases of anuyojya are noteworthy for any debate as at one side clear statement is needed, other side specification is required for apparent discernment of subject.

Ananuyojya: When any statement is made as result of no option for query, such statement is known as ananuyojya as given disease is asadhya²⁶. Number of times to reach before such conclusion as mentioned in ananuyojya, debate becomes mandatory tool.

Anuyoga: Enquiry or question based on scripture or part of scripture to test the knowledge, understanding, expression and ability to reply is anuyoga²⁷. This is about the existing knowledge, which is always part of debating tool.

Pratyanuyoga: Counter-questions on anuyoga is pratyanuyoga which can be further asked²⁷. Science to be accepted needs complete clarification even someone has mentioned with any published scripture. Reasonable logics only make a statement to be recognized. So, it works as prominent tool of debate.

Vakyadosha: It is related with defects in sentences. Defects may be nyuna (small meaningless), adhika (with superfluity, so not clear to understand or unnecessarily repeated), anartha (totally different meaning), apārtha (deviated from real meaning) and viruddha (opposite meaning)²⁷. Absence of such defects from sentences only make them potential and as strong points for any debate.

Vakyaprasansa: Flawless sentences devoid of mentioned defects under vakyadosha are vakyaprasansa or sentence of excellence²⁸. Further chances of enquiry are not present in this case. These are examples for any debate or discussion to present.

Chala: Augmentation intended to be misleading is chala. It is of two types viz., Vakchala and Samanyachala²⁸. This is related with philosophical aspects of debates too where unethical mentioning takes place. Such situation or presentation vitiate the depraves the health of good debate or discussion.

Ahetu: False statement or statement based on false observation is ahetu. Three kinds of ahetu are said as prakaranasama or deprive of strength, samasyasama or doubtful and varnyasama or insignificant²⁹. Debate is mean to discriminate such ahetu.

Atetakala: This is related with lack of proper placing of sentences as something important needed to be placed first is stated later²⁹. This is about defying the proper ordering. Order defiance creates problem for any presentation or debate as key points may lose the importance.

Upalamba: Pointing out the defects in ensuring the causes is upalamba²⁹. Debate leaves better options to identify defects existing with statement or sentences.

Parihara: Once defects are identified, correction of identified defects with respect to the proposition is important. Debate provides better option in these regards as refutes may also bring out points.

Pratigyanani: Contradiction of given statement or proposition is pratigyanani³⁰. Foundation of any debate or research is proposition and it gives direction to debate. So contravention of given pratigya is essential tool of debate.

Abhyanyugya: When ishta and anistha (supporting and opposing) statements are admitted by both sides, it is called as abhyanyugya³⁰. If languages are acceptable and creative approaches are referred, such debate is healthier one.

Hetavantara: Irrelevant reasoning is referred to hetavantara³⁰. Relevancy of reasoning is indispensable part of debate, otherwise direction and purpose of debate are strayed.

Arthantara: Fallacy of relevancy in meaning is called as arthantara as someone starts describing prameha (*Diabetes mellitus*) for symptoms of jwara (fever)³⁰. Such wrong exploration should not be part of debate.

Nigrahasthana: This stands for defeat in any scholarly assemblage, when opponent is unable to understand the statement delivered thrice. Pratigyahani, abhyanuja, kalateetavachana, ahetu, nyuna, adheeka, vyartha, anarthaka, viruddh, hetavantara and arthanantara constitute nigrahasthana³⁰.

Discussion: Debates are essential for transformational information where ideas and logical arguments are shared. It teaches rhetoric, confidence, general knowledge with ability to stand up and speak before audience³¹. It assists in critical thinking and articulating new thoughts. It further adds rationality to existing information. Debates becomes mandatory for physicians as lives of others are attached to their treatments or handling. So, maximum possible and comprehensive knowledge of subjects of specialization becomes epochal. Interestingly the vaadamarga suggested facilitates grasping the maximum possible information for physicians in scholarly assembly.

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