

ORIGINAL RESEARCH ARTICLE - LITERARY REVIEWS

Understanding of *tantrayukti*, the classical 'tools of description' of compendium – A review from Bedside

*Dr. Nidhi Sharma, **Dr. Ankita Agrawal, *** Dr. Asit K Panja

* Ph.D. scholar, **SRF, *** Associate Prof., Dept of Basic Principles National Institute of Ayurveda, Jaipur

ABSTRACT

Theoretical knowledge and its practical application are considered to be the two wheels of the chariot of science. In *samhita* age learners of applied sciences were very careful in developing such a well-balanced professional personality. But in later days more importance was given to the practical application and the theoretical knowledge was meant only for intellectual elites and scholars. This inability to substantiate the principles of treatment experimentally and scientifically proved detrimental to the development and reliability of *Ayurveda* in this age.

So it is no wonder that the same apathy towards the theory, resulted in the stagnation of new Ayurvedic literature. Further the false notion that the disclosure of the formula of a medicine or the unique way of treatment will lead to the loss of its efficacy was also another retarding factor in the development of Ayurvedic literature. This dearth jeopardized the learning and teaching of Ayurveda and is a threat to the practitioners as well.

The Acharya while writing treatise, adopted a unique methodology in expressing their ideas and without being adept in this methodology, the learner finds it difficult to understand their saying perfectly. These techniques are called *tantrayukti*. These are scientifically and rationally used in each and every aspects of all classical compendium.

In the current article a practical review of the *tantrayukti* in the purview of bedside clinical examination and treatment is made for better understanding of principles in clinical conditions.



Address of Correspondence:

Dr. Asit K Panja

Associate Professor, Dept. of Basic Principal
National Institute of Ayurveda, Jaipur.

Email ID : asitkpanja@gmail.com

Contact No : 9982082832

Keywords : *Tantrayukti, yojana, Padarth*

How to Site the Article : Sharma N, Agrawal A, Panja AK, Understanding of *tantrayukti*, the classical 'tools of description' of compendium – A review from Bedside, JOA XIII-1, 2019; 115 - 120

Introduction :

Ayurveda is the most ancient medical science. Its history goes back to the era when the flow of knowledge was exclusively verbal. Later the tradition of documentation came into existence and the thoughts of stalwarts took the form of various classic treatise. The development of

a systemic, comprehensive and well-compiled scripture followed certain criteria, rules and regulation which enhanced the beauty and credibility of text. The science evolved the unique mode of expression and specific methodology to present the concept to the learner. Ancient text were written in concise form i.e. sutra where every seemingly small aphorism encompasses a vast meaning and in a particular style. To increase the range of assimilation of the classics certain tools are mentioned. *Tantrayukti* is one such prerequisite for the exposition and comprehension of the subject. These are the methodology of studying a science to interpret its correct abstruse meaning for its practical implementation.

Tantrayukti is made up of two words –“*tantra*” and “*yukti*”. *Tantra* means *shashtra* which here pertains to Ayurveda and *yukti* means *yojana* or planning^[1]. *Yukti* stands for the logical exercise, which arrange, relate, and coordinate the scattered components with each other with reference to the context. The *yojana* or planning is two folds i.e. *vakyayojana* and *arthayojana*^[2]. *Vakyayojana* is the literary aspect which includes arrangement of words or sentences to arrive on a particular meaning. *Arthayojana* helps in exploration of occult, perplexing and less spoken parts of the text. *Tantrayukti* exhibits its utility as per the field of application as

- 1. Literary field:** *tantrayukti* helps in studying (*adhyapana*) the *samhita*, *commenteries*, exploration of the text and ascertain the meaning of concealed, less expressed, mysterious portions, paper writing, thesis writing etc.
- 2. Practical field:** The clinical advantage of *tantrayukti* is very well reflected in disease diagnosis and treatment.

Following case study further clarifies the application of *tantrayukti* in *vyadhivinishchaya* (diagnosis) and *chikitsa* (treatment) in accordance with *Ayurveda* and in the other contemporary science.

Tantrayukti in Vyadhivinishchaya:

Vyadhivinishchaya is the foremost and

immensely important aspect in *chikitsa*. Following phases comprise the diagnostic part which have been explained with a case of *asthimajjagatavata* along with its modern view i.e. avascular necrosis.

Presenting illness:

It refers to the main complains of the patient in his own words. Here the patient is the *adhikaran* as for his wellness the *karta* (physician) has taken the initiative^[3]. The physician has to arrange the words and phrases of the patient which are usually haphazard and vague and correlate it with the theoretical matter (classical features) or previous experiences in the process to reach on a conclusion (*padarth*)^[4]. Sometimes a brief description (*uddesh*)^[5] of disease is enough or available while on other occasions a detailed exploration (*nirdesh*)^[6] of the case is needed. E.g. the patient's complain of severe on going right sided low back, hip and knee pain for the past six months can be inferred in classical terms as *sandhisula*, *sandhibedah*, *parvabedah*, *sandhiruja*, *sandhivedana* etc.

Certain related features are not mentioned by the patient which has to be inferred by the physician by logic and he can also ask leading questions for the confirmation. This is in accordance with the *uhya*^[7] *tantrayukti* where the unsaid part can be grasped by the means of logic and reasoning e.g in this case the patient did not report numbness or paraesthesia (*padasuptata*) in his lower extremities. There was no bowel and bladder dysfunction which indicates the sound nervous functioning of that area.

Past history:

The past history of patient aid in further clearing the picture (*samshaya*)^[8] and resolves the doubts about the diagnosis. The supporting *tantrayukti* is *hetvarth*^[9], which is about the application of previous experiences in present context e.g. in this case patient, received a flu vaccine 14 months prior to injury. He subsequently developed an allergic reaction and was diagnosed with leukocyteclasticvasculitis skin eruptions.

Examination of the patient:

The patient examination is done to find the possible changes in the body in the course of disease. It plays a very important role in disease ascertainment. The examinations are disease specific. This is in support of *sambhavantrayukti*^[10], which deals with the possible outcomes of an event. The examinations in this case were many e.g. straight leg raise produced right hip pain. Muscle palpation revealed tenderness in the lumbar para-spinal and right gluteal musculature, global muscle weakness was noted in the right lower limb when compared to the left etc.

Investigations:

From the chief complains and associated symptoms generally more than one diseases are suspected because of similarity in presentation. This is *samshayantrayukti* i.e. raising of doubts. Certain investigations are done to confirm the diagnosis, which provide confirmatory data and expert opinion. The expert opinion is known as *nirvachan*^[11], as these are only be comprehended by the learned only. Within the circle of physicians it can also be taken as *nidarshantantrayukti*^[12] as it somehow, simplifies the diagnosis, which is not clinically so easy to depict. The external source of knowledge refers to *atideshatantrayukti*^[13]. E.g. in this case the application of the above *tantrayukti* are explained below in this particular case the patient had a lumbar spine MRI done and was referred to a neurosurgeon for consult. The MRI showed a small disc bulge in the T12/L1 region. The neurosurgeon's report stated that he was unable to correlate the patient symptoms with the MRI findings and recommended EMG studies.

Probable diagnosis:

Generally the chief complains more than one disease is suspected which have similar kind of presentation because a single feature is found in various other diseases. So, first a provisional diagnosis is made on the basis of primary examinations which is later confirmed by using various tools like elaborated history, investigations, *upashaya* etc. The *lakshanavyapakatva*

i.e presence of a symptoms in many diseases is in support of *hetvarthtantrayukti*. eg. *Sandhishula* symptom of the disease can be found in multiple diseases like *asthigatavatakopa*^[14], *majjagatavatakopa*^[15], *majjakshaya*^[16], *mamsakshaya*^[17], *sandhigatvata*^[18], *vatarakta*^[19] etc.

The other *tantrayukti* used are *padartha* (knowledge of the meaning of c/f), *uhya* (understanding from unsaid history), *sambhava* (analysis of system), *vakyashesh*^[20] (incomplete history), *arthapatti*^[21] (understanding from history), *yoga*^[22] (drawing relation between c/f obtained from history and examination). Probable diagnoses in this case are avascular necrosis, osteo-arthritis, osteoporosis, osteomalacia in modern and *asthigatavata*, *majjagatavata*, *majjakshaya*, *mamsakshaya*, *sandhigatvata*, *vataraktain Ayurveda*.

Differential diagnosis:

Tantrayukti used in here are *pratyusa*^[23] and *uddhara*. *Pratyusara* refers to deduction of possible diagnosis one by one by finding loopholes on proper thinking and reasoning. *Uddhara*^[24] is the establishment of final diagnosis by giving logics in support of it. E.g in this case *majjakshaya* and *mamsakshaya* in *Ayurveda* view and osteoporosis and osteomalacia are the differential diagnosis.

Final diagnosis:

Final Diagnosis is the established in accordance with *nirnaya*^[25] and *ekantantrayukti*. *Nirnaya* is the establishment of fact after the contemplation from all possible angles. *Ekanta*^[26] is establishment of diagnosis on the basis of already proven facts which have no scope of doubts. In this particular case the modern diagnosis is avascular necrosis and in *Ayurveda* it is *asthimajjagatavata*.

Tantrayukti in chikitsa:

After the *vyadhivinishchaya* the treatment is considered. Before actually starting the treatment, a physician should assess the fate of the disease which is known as prognosis. Prognosis helps in decision making

and determination of the treatment planning. The

Prognosis:

Modern ^[27]	Ayurveda ^[28]	Applicable <i>tantrayukti</i>
<p>Depends on what part of the bone is affected, how large an area is involved, and how effectively the bone rebuilds itself.</p> <ul style="list-style-type: none"> - If left untreated, the disease progresses, the bone collapses, and the joint surface breaks down, leading to pain and arthritis. - If AVN of the femoral head is untreated, progression to subchondral collapse occurs in approximately 67% of individuals with asymptomatic hips and in more than 85% of those who have symptomatic hips 	<ul style="list-style-type: none"> ➤ <i>Anonyasam saktam – kricchrasadhya</i> ➤ <i>Dhatukshayaya- asadhya</i> ➤ <i>Kshinabala-mamsa-agni-yapya</i> ➤ <i>Atikshina - bala-mamsa-agni-asadhya</i> 	<p><i>Ekānta</i> (understanding of particular matter)</p> <p><i>Anaikānta</i>^[29] (avoidance of the understanding of the counter-meaning of the subject).</p> <p><i>Apavarga</i>^[30] (sectional exception from a whole understanding of matter.)</p> <p><i>Viparyaya</i>^[31] (opposite exemption)</p>

Aim of Management (*Prayojana*^[32]):

Every management plan is made by keeping some goals in the mind like, the general treatment aim in *Ayurveda* is to bring back the balanced state of *dosha* and sustenance of that balanced condition. Here in this case it's prevention of further bone loss.

Principles of Treatment:

In medical science, every disease have a certain treatment principle with options multiple drug to be used according to condition. The principle specificity is in accordance with the *ekantantrayukti* which ensures the effectiveness of the principle implementation. The chosen treatment plan is in harmony with the *nirnayatantrayukti* which refers to reach on a conclusion by extensive thinking. Here the treatment modules in modern are non-steroidal anti-inflammatory drugs, Osteoporosis correcting drugs, cholesterol-lowering drugs, blood thinners, core

decompression, and osteochondral grafting etc.^[33] where as in *Ayurveda* it is internal and external oleation.

Detailed Advice:

The detailed prescription to the patient have the application of *svasamgya*, *upadeshandniyogatantrayukti*. *Svasamgya*^[34] refers to the technical terms and methodologies of that particular science e.g. *balya*, *abhyanga* etc in *Ayurveda* and NSAIDs in contemporary science. *Upadesh*^[35] refers to mandatory directions by *apta* (learned) like here the line of treatment mentioned by the learned like *lakshachurna* for *kshataabhyanga* etc. *Niyoga*^[36] refers to the application of treatment which is critical for the diseases e.g physician prescription like *shatavari+ashvagandha+ vidari+gokshura* in dose- 4-5 gm and *kala-pratahand sayam*.

Special Directives:

The directions regarding *pathya* and *apathy*, *aharaandvihara* are to be given to the patient along with the main stream treatment to avoid further worsening of disease and to increase the efficacy of the treatment. The *tantrayukti* applicable in this context are *apadesha*^[37], *apavarga* and *viparyaya* etc. *Apadeshain* this context

indicates awareness or counseling about do’s and don’ts like avoidance of alcohol, smoking, *kapatshayan* etc. *Apavarga* means exceptions eg. here food is not contraindicated but some food like *ushnatikshnais* prohibited.

Modern ^[38]	Ayurveda ^[39]	Applicable <i>tantrayukti</i>
<ul style="list-style-type: none"> • Avoid drinking too much alcohol • Don’t smoke • If you need steroids like prednisone, talk to your doctor about taking the smallest amount possible 	<p>Avoid</p> <ul style="list-style-type: none"> • <i>Kapatshayan</i> • <i>Uttana asana</i> • <i>Madya</i> • <i>Tikshna</i> • <i>Ushna</i> • <i>Visha</i> <p>Take</p> <ul style="list-style-type: none"> • <i>Snigdha</i> • <i>Laghu</i> • <i>Mamsa</i> 	<ol style="list-style-type: none"> 1. <i>Apadesa</i> 2. <i>Apavarga</i> 3. <i>Viparyaya</i> 4. <i>Smuccaya</i> 5. <i>Vikalpa</i> 6. <i>Pradesa</i> 7. <i>Vidhana</i> 8. <i>Vyakhyana</i>

Follow up:

After prescribing the treatment the follow up of the patient is done with the certain goals. This is again the application of *prayojanantrayukti*. The aim of the follow ups here is to see the progress of treatment and to prevent the further attack of disease. Certain events which have been done before during the course of treatment are repeated again and again e.g. investigation and examination in this case. The repetition of events in accordance with the need of the context is *prasangantrayukti*^[40].

Conclusion:

The knowledge of *tantrayukti* enables the scholar to become expertise in the theoretical aspect of the tantra (text) and the practical aspect like *karma* (treatment). So practical knowledge should always be learned in accordance with classical textual principles and adopting

the methodology mentioned in the compendium.

References

1. 2. Sushruta, SushrutaSamhita, Uttartantra chapter 65, verse 1-2, with NibandhaSangraha Commentary of Dalhanacharya and Nyayachandrika commentary of Gayadas. Edited by VaidyaYadavjiTrikamjiAcharya, published by ChowkambhaOrientalia, Varanasi, 1992. p 705
3. 4. 9. 22. Agnivesha, CharakaSamhita elaborated by Charaka&Drudhabala, Siddhistan, chapter 12, verse 41 with Ayurveda-Deepika Commentary by Chakraranidatta, edited by VaidyaJadavajiTrikamjiAcharya, Varanasi, ChoukhambhaSurbharatiPrakashan, Reprinted 2005, 736-37
5. 6. 13. 20. 21. 25. 32. 35. 37. Agnivesha, CharakaSamhita elaborated by Charaka&Drudhabala, Siddhistan, chapter 12, verse 42 with Ayurveda-Deepika Commentary by Chakraranidatta, edited by VaidyaJadavajiTrikamjiAcharya, Varanasi, ChoukhambhaSurbharatiPrakashan, Reprinted 2005, 736-737

^{7, 11, 12, 34,36}Agnivesha, CharakaSamhita elaborated by Charaka&DrudhabalaSiddhisthan, chapter 12, verse 44 with Ayurveda-Deepika Commentary by Chakrarapanidatta, edited by VaidyaJadavajiTrikamjiAcharya, Varanasi, ChoukhambhaSurbharatiPrakashan, Reprinted 2005, Pp736-737

^{8, 26, 29, 30,31, 40}Agnivesha, CharakaSamhita elaborated by Charaka&DrudhabalaSiddhisthan, chapter 12, verse 43 with Ayurveda-Deepika Commentary by Chakrarapanidatta, edited by VaidyaJadavajiTrikamjiAcharya, Varanasi, ChoukhambhaSurbharatiPrakashan, Reprinted 2005, 736-737

¹⁰Agnivesha, CharakaSamhita elaborated by Charaka&DrudhabalaSiddhisthan, chapter 12, verse 45 with Ayurveda-Deepika Commentary by Chakrarapanidatta, edited by VaidyaJadavajiTrikamjiAcharya, Varanasi, ChoukhambhaSurbharatiPrakashan, Reprinted 2005, 736-737

^{14, 15}Agnivesha, CharakaSamhita elaborated by Charaka&Drudhabala, Chikitsasthan, chapter 28, verse 33, with Ayurveda-Deepika Commentary by Chakrarapanidatta, edited by VaidyaJadavajiTrikamjiAcharya, Varanasi, ChoukhambhaSurbharatiPrakashan, Reprinted 2005, Pp 617

¹⁶Sushruta, SushrutaSamhita, Sutrasthanchapter 15, verse 9, with NibandhaSangraha Commentary of Dalhanacharya and Nyayachandrika commentary of Gayadas. Edited by VaidyaYadavjiTrikamjiAcharya, published by ChowkambhaOrientalia, Varanasi, 1992. p 60

¹⁷Vagbhata, AstangaHridayam, Sutrasthanchapter 11, verse no 18 edited by Pt. HariSadasivaSastriParadakaraBhisagacharyaWith „Sarvangasundara" of Arundutta and „Ayurvedarasayana" of Hemadri commentaries. Reprint. 2010, Varanasi 221001.ChaukhambhaSurbharatiPrakashan. p165

^{18,28}Sushruta, SushrutaSamhita, Nidanasthana chapter 1, verse 28 NibandhaSangraha Commentary of Dalhanacharya and Nyayachandrika commentary of Gayadas. Edited by VaidyaYadavjiTrikamjiAcharya, published by ChowkambhaOrientalia, Varanasi, 1992.p 261

¹⁹Agnivesha, CharakaSamhita elaborated by Charaka&Drudhabala, Chikitsasthan, chapter 29, verse 15, with Ayurveda-Deepika Commentary by Chakrarapanidatta, edited by VaidyaJadavajiTrikamjiAcharya, Varanasi, ChoukhambhaSurbharatiPrakashan, Reprinted 2005, p 628

^{23, 24}Agnivesha, CharakaSamhita elaborated by Charaka&DrudhabalaSiddhisthan, chapter 12, verse 45 with Ayurveda-Deepika Commentary by Chakrarapanidatta, edited by VaidyaJadavajiTrikamjiAcharya, Varanasi, ChoukhambhaSurbharatiPrakashan, Reprinted 2005, 736-737

verse 45 with Ayurveda-Deepika Commentary by Chakrarapanidatta, edited by VaidyaJadavajiTrikamjiAcharya, Varanasi, ChoukhambhaSurbharatiPrakashan, Reprinted 2005, 736-737

²⁷<https://emedicine.medscape.com/article/333364-followup>

³³<https://orthoinfo.aaos.org/en/diseases--conditions/osteonecrosis-of-the-hip/>

³⁸<https://emedicine.medscape.com/article/333364-followup>, <https://www.webmd.com/arthritis/avascular-necrosis-osteonecrosis-symptoms-treatments#2-4>

³⁹Sushruta, SushrutaSamhita, chikitsasthana chapter 3, verse 50 NibandhaSangraha Commentary of Dalhanacharya and Nyayachandrika commentary of Gayadas. Edited by VaidyaYadavjiTrikamjiAcharya, published by ChowkambhaOrientalia, Varanasi, 1992.p 418

⁴⁰Agnivesha, CharakaSamhita elaborated by Charaka&DrudhabalaSiddhisthan, chapter 12, verse 43 with Ayurveda-Deepika Commentary by Chakrarapanidatta, edited by VaidyaJadavajiTrikamjiAcharya, Varanasi, ChoukhambhaSurbharatiPrakashan, Reprinted 2005, p736-737

सारांशः

शुद्ध शास्त्र ज्ञान एवं उसका व्यवहारिक प्रयोग किसी भी स्वरूपी विज्ञान के दो चक्रवत् माना गया । संहिता युग में प्रायोगिक विज्ञान के अध्येता एक उभय परक वृत्तिमूलक व्यक्तित्व गठन करने में तत्पर रहते थे। परन्तु काल क्रम में आधुनिक युग प्रायोगिक ज्ञान को ही प्राधान्य दिया गया तथा मूलभूत शास्त्रज्ञान केवल कुछ विशिष्ट आचार्य एवं शोधार्थियों तक सीमित रह गया। इस प्रकार चिकित्सा सिद्धान्तों का शास्त्र ज्ञान पूर्वक परीक्षण नहीं कर पाने के सामर्थ्य से इस युग में आयुर्वेद के क्रमिक विकासवाधित हो रहा है तथा मूलभूत आधार को नहीं आपनाने के कारण आधुनिक काल में नूतन आयुर्वेदवाङ्मय का निर्माण में बाधा उत्पन्न हो रहा है । फलतः शास्त्र में वर्णित सिद्धान्तों, औषधि योग निर्माण में युक्ति तथा चिकित्सा विधि के पीछे प्रयोग कौशल एवं शास्त्र-कारों का अभिप्राय के असम्यक् अवबोध भी आधुनिक काल में आयुर्वेद वाङ्मय का उत्कर्ष का प्रधान अवरोध है जो कालक्रम में वैद्य समूह का प्रायोगिक कुशलता को लघु तथा एक प्रकार स्तब्ध कर दिया है। आचार्य गण किसी भी शास्त्र या तन्त्र रचना काल में एक विशिष्ट युक्ति विधि का अनुकरण करते हुए विषयों को ग्रथित करते हैं जिसके सम्यक् एवं यथार्थ ज्ञान के विना सूत्र रूप में ग्रथित विषयों का निहितार्थ अबबोध करना सम्भव नहीं होता है। इसे तन्त्र युक्ति कहते हैं । आयुर्वेद संहिता में तन्त्रयुक्ति का वैज्ञानिक एवं युक्तियुक्त प्रयोग सर्वत्र विद्यमान है। इस प्रबन्ध में शुद्ध शास्त्र ज्ञान का प्रायोगिक अवबोध के लिये रोगी परीक्षाएँ रोग निर्धारण के परिप्रेक्ष में तन्त्रयुक्ति का व्यवहारिक प्रयोग दर्शाया गया।