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CRITERIA TO DIFFERENTIATE *NANATMAJA* AND *SAMANYAJA KAPHAJA VIKARA*: AN AYURVEDIC CONCEPTUAL ANALYSIS

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Abstract: Understanding the distinction between *Nanatmaja* and *Samanyaja Kaphaja Vikara* is fundamental in Ayurvedic diagnostics and clinical decision-making. *Nanatmaja Kaphaja Vikara* are diseases produced solely by *Kapha Dosha*, reflecting direct disturbances in properties of *Kapha* such as *Sheeta*, *Guru*, *Manda*, and *Picchila*. These disorders exhibit straightforward etiological factors, simple *Samprapti*, limited *Strotodushti*, and characteristic *Kapha*-dominant clinical features like heaviness, lethargy, and excess secretions. In contrast, *Samanyaja Kaphaja Vikara* arise from general *Kapha* vitiation combined with other Dosha or systemic factors, resulting in more complex and multi-layered disease processes such as *Shwasa*, *Kasa*, and *Prameha*. This review analyzes classical sources to derive clear diagnostic criteria based on *nidana*, *rupa*, *samprapti*, and *chikitsa*. Differentiation between these two categories enhances diagnostic precision and guides appropriate therapeutic planning, supporting individualized management according to *Kapha* involvement and pathological dominance.

Index Terms - Kaphaja Vikara, Nanatmaja Vyadhi, Samanyaja Vyadhi, Ayurveda, Kapha dosha

I. INTRODUCTION

In Ayurvedic pathology, diseases are understood through the framework of *Dosha***,** *Dhatu*, and *Mala*, with special emphasis on the causative *Dosha* and the intrinsic nature of their origin. This Doṣa-based classification helps determine not only the pathological basis of a disease but also guides clinical reasoning and therapeutic prioritization. Within this system, *Nanatmaja Vyadhi* denotes a group of diseases that arise exclusively from the disturbance of a single *Dosha*, without the involvement of another *Dosha*. These disorders represent the *independent pathological expression* of that *Dosha*, clearly reflecting its inherent *guna*, *karma*, and *sthana*. Thus, *Nanatmaja Vyadhi* serves as a direct indicator of *Dosha*-specific pathophysiology[1].

In contrast, *Samanyaja Vyadhi* refers to conditions that occur due to a general vitiation of a *Dosha*, often in association with other *Dosha* or external etiological factors. These diseases do not arise from the exclusive expression of one *Dosha*; rather, they emerge from a multi-factorial *Samprapti***,** resulting in mixed clinical features and broader systemic involvement. Such conditions require a more comprehensive clinical approach because their pathogenesis involves combined *Doṣha* interactions, *Dhatu-dushti*, or *Strotas* impairment[1].

For *Kapha Dosha*, the classical texts distinctly enumerate *Kaphaja Nanatmaja Vyadhi*, which are diseases exclusively produced by *Kapha*—such as *Tandra*, *Alasya*, *Gaurava*, and *Pralepa*—each directly reflecting *Kapha guna* like *Sheeta*, *Guru*, *Manda*, and *Picchila*. Alongside these, the texts describe a wide spectrum of *Kaphaja Samanyaja Vyadhi*, where *Kapha* contributes significantly to the pathology but is not the sole causative factor. Examples include *Kasa*, *Shwasa*, *Prameha*, and *Medoroga*, where *Kapha* interacts with *Vata, Pitta*, or systemic factors to produce more complex disease patterns[2].

A clear understanding and differentiation of these two categories are important for precise diagnosis, appropriate *Chikitsa-siddhanta*, and individualized patient management. Recognizing whether a disease is *Kapha*-exclusive or *Kapha*-associated allows the physician to determine the primary *Dosha*, target the correct pathogenesis, and apply *Dosha*-specific or *Vyadhi*-specific treatment protocols more effectively.

This article aims to systematically analyze the criteria used to differentiate *Nanatmaja* and *Samanyaja Kaphaja Vikara*, drawing upon authoritative classical Ayurvedic references to establish a coherent diagnostic

II. MATERIAL AND METHODS

A textual analysis was conducted by *Brihatrayyi*, *Laghutrayyi*, and other ayurvedic texts, research papers, articles, etc. Primary emphasis was given to chapters discussing *Dosha-prakopa*, *Vyadhi-samprapti*, and *Dosha*-specific independent diseases (*Nanatmaja Vyadhi*). Relevant commentaries were used to validate the interpretation.

Criteria were taken by comparing features of *Dosha*-specific diseases with those arising from mixed or general *Kapha* vitiation.

III. RESULTS

1. Definition and Concept[3]

Nanatmaja Kaphaja Vyadhi

- Defined as diseases that originate **exclusively from a single *Dosha*.**
- *Charaka* states that each *Dosha* has its own set of diseases - *Ekaika-doshena janitah vyadhayah* - arising independently.
- *Example: Jrumbha, Sheeta, Alasya, Tandra, Pralepa*, etc.

Samanyaja Kaphaja Vyadhi

- Diseases that manifest due to general vitiation of *Kapha* but are not exclusively *Kapha*-driven.
- *Kapha* contributes to the pathology but does **not act alone**.
- Example: *Prameha, Kṣhaya, Shwasa, Kasa*—where *Kapha* is involved but not the sole cause.

2. Criteria for Differentiating Nanatmaja and Samanyaja Kaphaja Vikara

a) *Nidana*[1,2]***:***

Criterion	*Nanatmaja Kaphaja Vikara*	*Samanyaja Kaphaja Vikara*
Causative factor	Exclusively *Kapha*-increasing *nidana*	Multiple *Dosha* or multi-factorial *nidana*
Role of another *Dosha*	No involvement	*Vata/Pitta* may assist in *samprapti*
Dosha-dushti type	Pure *Kapha prakopa*	*Kapha* + *Vata/Pitta* or external *nidana*

b) *Rupa*[4]*:*

Criteria	*Nanatmaja Kaphaja Vikara*	*Samanyaja Kaphaja Vikara*
Symptom source	Only *Kapha guna* (*Sheeta, Guru, Picchila*)	Mixed symptoms depending on *Dosha-dushti*
Symptom severity	Mild to moderate; primarily *Kapha* features	Variable; greater complexity due to *Dosha* mixtures
Features	*Shleshma* accumulation, heaviness, stiffness	Symptoms dominated by primary disease process, not just *Kapha*
Examples	*Tandra, Alasya, Apakti*	*Kasa, Shwasa, Prameha*

c) *Samprapti:*

Criteria	*Nanatmaja*	*Samanyaja*
Origin	Single *Dosha* dominance	Dual/multi*Dosha* interplay
Location involvement	*Kapha sthana (Ura, Kaṇṭha, Shir, Amashaya)*	Multiple *Strotas* depending on disease
Strotodushti	Mainly *Sanga* due to *Kapha*	*Sanga, atimatra strava, avarodha*, etc. depending on mixed *Dosha*

d) *Sadhya-asadhya:*

- *Nanatmaja Kaphaja Vikara***:**
  - Generally **easier to treat**, as they represent straightforward *Kapha* vitiation.
  - Prognosis: *Sukha-sadhya* when *Kapha* alone is involved.
- *Samanyaja Kaphaja Vikara***:**
  - Prognosis depends on **primary disease**, chronicity, *dhatu* involvement.
  - Example: *Prameha — Kṛicchra-sadhya*.

e) *Chikitsa*[5]

Criterion	*Nanatmaja*	*Samanyaja*
Approach	Pure *Kapha-hara chikitsa*: *Langhana, Langhana-Pachana, Udvartana*	Disease-specific approach with *Kapha-hara* as supportive
Drug selection	*Kapha-shamaka dravya*	*Bahudoshaj* or *Vyadhi-pradhana* drugs
Therapies	*Vamana, Udvartana, Pachana*	*Vamana* only if *Kapha* is dominant; otherwise, mixed

IV. DISCUSSION

The distinction between *Nanatmaja* and *Samanyaja Kaphaja Vikara* is rooted in Ayurvedic *Dosha* theory. *Charaka* highlights that each *Dosha* possesses its own set of diseases—*Nanatmaja*—which depict the independent pathological potential of the *Dosha*[6]. For *Kapha*, these diseases are direct manifestations of its inherent *guna*, such as *Guru*, *Sheeta*, *Manda*, *Snigdha*, and *Sthira7*.

On the other hand, *Samanyaja Kaphaja Vikara* are more complex and multifactorial. Here, *Kapha* contributes significantly to the pathogenesis but does not act independently. This is seen in major clinical conditions like *Shwasa, Kasa, Prameha, Medoroga*, where *Kapha* plays a central role, but the disease cannot be labelled as *Kapha*-only.

Thus, differentiation serves as a diagnostic and therapeutic guide. Understanding *Dosha* exclusivity versus general involvement helps tailor treatment—ranging from simple *Kapha*-hara measures for *Nanatmaja* conditions to complex, multi-modal therapies for *Samanyaja* disorders.

V. CONCLUSION

Differentiation between *Nanatmaja* and *Samanyaja Kaphaja Vikara* is essential for accurate diagnosis and rational treatment planning in Ayurveda. *Nanatmaja* disorders are pure *Kapha*-origin diseases, reflecting *Kapha*'s intrinsic *guna* disturbances, whereas *Samanyaja* disorders are multi-causal, involving *Kapha* along with other *Dosha* or systemic factors. Recognizing these categories supports precise treatment strategies and improves therapeutic outcomes.

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