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# Pratyaksha Badhakara Bhava - The Intention behind invention

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## ABSTRACT

The *Pramanas* are the tool to achieve the *Prama*. i.e. *Yathartha Jnana*. Among 4 *Pramanas* mentioned by *Acharyas*, *Aptopadesha Jnana* is the first and foremost important *Pramana* followed by *Pratyaksha*.<sup>[1]</sup> *Acharya Sushruta* opines the *Jnana Vruddhi* takes place when the *Pratyaksha* and *Aptopadeshajnana* goes hand in hand.<sup>[2]</sup> *Pratyaksha Jnana* is most valuable than any other *Pramanajanya Jnana*. There are certain factors where the *Pratyaksha Jnana* is not perceived properly named as *Pratyaksha Badhakara Bhavas*.<sup>[3]</sup> Understanding of these factors to avoid any fault in clinical practice is essential task. Rectification of these factors with the support of technology while in treatment is discussed further in this article.

**Key words:** *Pramana, Pratyaksha Badhakara Bhavas, Yathartha Jnana.*

## INTRODUCTION

Ayurveda is an immortal science of life where it deals with how to lead life in *Swastha* as well as in *Vyadhyavastha*. Any science can sustain for longer period if there exists a strong base, just like the strong root can only hold the tree strong years together, similarly the Ayurveda, which has the strong base of *Siddhantas*, the science is built further on the basis of these *Siddhantas*.

*Siddhantas* are the outcome of a lot of experiments and keen observations from different angles, and proved by reasoning and then concluded by *Acharyas* with the help of *Pramanas*.<sup>[4]</sup>

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The testing of each concept is only possible with the *Pramanas*. Thus *Pramanas* are the main tools for gaining knowledge. *Pramana* are of 4 kinds which are accepted by *Acharya Charaka* in gaining the knowledge of *Sat* and *Asat Padarthas* of this universe. They are *Aptopadesha, Pratyaksha, Anumana* and *Yukti*.<sup>[5]</sup>

*Aptopadesha Jnana* is the *Jnana* that which is obtained by *Guruparampara*. *Pratyaksha Jnana* is the *Jnana* that which is gained by the *Indriyas* of self. They may also said as evidence based. That which is experienced by self is always have more weightage and trust worthy. Such knowledge by *Pratyaksha* only possible if there is proper bonding between - *Panchendriya, Manas, Buddhi* and *Athma* exists.

*Acharya Charaka* defines *Pratyaksha* as,-

अत्मेन्द्रिय मनोर्थानाम् सन्निकर्षात् प्रवर्तते॥व्यक्ता तदात्वे या बुद्धिः प्रत्यक्षम् सा निरुच्यते॥<sup>[6]</sup>

The other *Pramanas* like, *Anumana* and *Yukti* are based on the *Pratyaksha Poorvaa Jnana*. Hence *Prathyaksha Jnana* has got more weightage, than any other *Pramanas*.

For the *Jnanotpatti* by *Pratyaksha*, there should be *Sannikarsha* of *Atma, Indriya, Mana* and *Artha, Nidra*

is one such condition where there is no proper combination of above 4 factors take place, because of which the *jnanotpatti* is not possible. Similarly there are certain situations where there exist some obstruction in the flow of knowledge. They are known as – “Pratyakshabadhakara Bhava”.

*Pratyaksha Badhakara Bhava* contains of 7 situations, they are;

सतां च रूपाणामतिसन्निकर्षादतिविप्रकर्षादावरणात्  
करणदौर्बल्यान्मनोनवस्थानात्  
समानाभिहारादभिभवादतिसौक्ष्म्याच्च प्रत्यक्षानुपलब्धिः;  
तस्मादपरीक्षितमेतदुच्यते- प्रत्यक्षमेवास्ति, नान्यदस्तीति।।८।।

The clinical importance of these above factors in clinical practice will be discussed further

**ATI SANNIKARSHATH:** There will not be proper perception of *Artha* objects if that *Artha* is very nearer to *Indriya*.

Textual reference:- The applied *Anjana* is not visible to the *Chakshu* as it is very nearer to the *Chakshu*.

Clinical Examples: The minimum distance of distinct vision is 25 cm. If the object is present nearer than this is not visible properly and the cause is said as - *Ati Sannikarshat*.

**ATI VIPRAKARSHAT:** There will not be proper perception of the objects when it is too far from our *Indriyas*.

Textual Example: The bird which flies in sky can't be recognised properly.

Clinical example: The sounds which is heard from long distance will not be properly recognised. While auscultation of cardiac sounds or respiratory crepitations, or intestinal sounds.

**AVARANATH:** If any object is covered by any cloth or any other non transparent sheets then the object behind it is not visible. i.e because of *Avarana*.

Textual example: The things which are placed behind screen or behind a wall - are not perceived because of covering.

Clinical example: The causes for the expectoration with cough are numerous, but is invisible because of the presence of thoracic cage. Here thoracic cage is covering the lungs.

**KARANA DOORBALYATH:** Any *Indriya Dourbalya* will lead to failure in perception of the objects.

In case of *Badhriya*, *Andhya*, the perception of objects will not be complete. As the age progresses this *Karana Dourbalya* worsens.

Textual example: The *Rogi* who is suffering with *Kamala* is unable to recognise the white cloth.

Clinical examples: In case of presbyopia the person's ability to focus on close objects such as small prints are difficult. Similarly in case of myopia the far objects can't be recognised.

**MANO ANAVASTHANA:** There will not be *Jnana Utpatti*, if *Manas* is not engaged in *Indriya Indriyarth* *Sannikarsha*. Hence *Achara Charaka* while saying about *Mano Lakshana*, *Jnanasya Bhava* and *Abhava* depends upon *Bhava* and *Abhava* of *Mana* while perceiving *Vishaya*.

Textual examples: The lady who is awaiting and thinking about the arrival of her partner will not be aware of things happening around her.

Clinical Examples: While tracing the sinus of fistula if the mind is not concentrated, there might be injury to the other tissues inside and there where the patient ends up in complications And similarly in other surgeries. If the venous plexus or nerve innervations are not avoided during incision, there might be blood loss or any neurological disorders.

**SAMANABHIHARATH:** If one thing if gets merged in a heap of similar kind of things then the identifying that thing becomes very difficult.

Textual example: The *Bilwaphala* if falls in a heap of *Bilwa Phalas*, due to similarity the *Phala* which was fallen cannot be identified by *Indriyas*.

Clinical reference: In a lab, If a sample of blood / urine gets mixed with other sample of blood and urine then the differentiation becomes very difficult.

**ABHIBHAVA:** The *Indriya Arthas* which are more prominent would mask the other objects which are dull in their expression.

Textual example: The *Ulkapatha* or *Nakshtra* are not visible in day time due to *Surya Prakasha*.

Clinical example: While *Auscultating* the cardiac sounds if there exists the respiratory sounds more volume then the grasping of cardiac sounds becomes difficult.

**ATISOUKSHMYATH:** Very fine objects are very difficult to grasp.

Textual reference: Very fine germs, literatures are very difficult to visualise.

Clinical examples: Identification of the components of any body fluids are difficult by naked eye.

Thus these 8 are considered as *Pratyaksha Anupalabdhi Karana*.

## DISCUSSION

Among 4 *Pramanas* after the *Aptopadesha Jnana* the *Pratyaksha Jnana* is considered as more valid. Because when a person directly perceives with help of his *Indriyas* that will be valuable. In present era the evidence based practice or evidence based information's are more valuable. Hence the science is behind the evidence. In Ayurveda all the *Pramanas* are given equal importance in practical application. Because Acharya says "*Pratyaksham Hi Alpam Analpam Apratyaksham Ayasti*".

The *Pratyaksha Badhakara Bhavas* are obstruction to the flow of knowledge, and the only solution is to overcome is taking help of emerging technological support. To overcome these above said *Anupalabdhi Karanas* modern sciences developed different models. Such as, *Ati Sannikarshat* - With the help of lenses the nearer objects can be visualised. *Ati Viprakarshat* - telescope is an optical instruments used to visualise distant objects appear magnified by using an arrangement of lenses, thus the *Pratyaksha Jnana Upalabdhi* takes place. *Avarana Dosha* can be rectified by taking out the *Avarana* or piercing into it. The X-

rays, USG such instruments peers the outer skin of body and enable to visualise the inner organs. *Karana Dourbalya* can be corrected by usage of certain devices such as lenses for eye, hearing aids etc. *Atisukshma* objects can be visualised by the help of microscopes. *Abhibhava* while auscultation the cardiac sounds only can be heard even in the presence of plural sounds with the help of stethoscopes (bell of the diaphragm). Many such devices such as ECG machines, other amplifiers (where frequency of the sounds can adjusted) these are all even though support modern science the technology is always need based. Hence that need is shown by our Acharyas long back. Acharyas had their *Jnana Chakshu* and also had super power i.e. *Ateendriya Shakti*. Hence for them these so called *Badhaka Bhavas* are may not be truly *Badhaka*. But for a common man they need some other tool for seeking of *Pratyaksha Jnana*.

## CONCLUSION

*Pratyaksha* is the *Pramana* where the evidence based knowledge is gained and there are certain factors which obstruct the flow of knowledge. The proper *Sannikarsha* of *Athma, Indriya, Mana, Artha* are responsible for the comprehension of knowledge, any disruption in above track will lead to obstruction of knowledge. There are certain factors because of which the *Prathyaksha Jnana* cannot be attained, *Ati Sannikrustadi* are the causes for *Jnana Anupalabdhi*. *Acharyas* had the *Jnana Chakshu* by which they could visualise even in the presence of the above said factors, where as for the common people they face hindrance in gaining knowledge. Hence rectification for some extent is possible with the help of technologies in this developing world. Hence with the consideration of these *Pratyaksha Badhakara Bhava* the need of technology has to be explored.

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