
**A CRITICAL EDITION TO KNOW THE - CONTRIBUTIONS OF VĀKYA
PRADĪPIKĀ COMMENTARY ON AṢṬĀṄGA HṚDAYA NIDĀNA STHĀNA
BY PARAMEŚVARA**

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Abstract

Āyurvedic manuscripts represent an invaluable repository of medical wisdom, yet many remain unpublished and unexplored. One such significant work is Vākya Pradīpikā, a commentary on the Aṣṭāṅga Hṛdaya Nidāna Sthāna authored by Parameśvara, a medieval scholar from Kerala. The present study critically examines a manuscript of this commentary preserved at the Government Oriental Manuscripts Library, Chennai with accession number R3266¹, using general principles of manuscript editing, the present manuscript was deciphered, collated with the mula text, and analyzed to identify the commentator's distinctive contributions.

The findings reveal that Parameśvara enriches the Nidāna Sthāna with conceptual clarifications, detailed terminological interpretations, and clinically relevant explanations. For instance, in Santata Jvara he links latent Doṣa in rasa to systemic fever manifestation, while in Raktapitta he explains the synergistic role of astringent and sweet substances. In Rājayakṣma, his insights on Mandāgni, tissue depletion, and prognosis provide an advanced understanding of disease progression. In

¹ Raghavan, V., & Raja, C. K. (1968). *New catalogus catalogorum* (Vol. 2, Rev. ed., p. 370). Madras: University of Madras, Bharati Vijayam Press.

Prameha, his emphasis on kleda as a central factor in pathogenesis and prognosis adds depth to classical explanations. Similarly, across chapters such as Arśas, Udara, Kuṣṭha, Vātavyādhi, and Vātārakta, he consistently highlights diagnostic precision, expands clinical reasoning, and introduces vivid similes to explain pathogenesis.

These contributions underline the significance of Vākya Pradīpikā as not merely an exegetical work but as a clinically insightful commentary that bridges textual tradition with medical practice. The study affirms the importance of critically editing and publishing such manuscripts to preserve and revitalize Āyurveda's intellectual heritage.

Keywords: Vākya Pradīpikā, Aṣṭāṅga Hṛdaya, Nidāna Sthāna, Parameśvara, Āyurvedic Manuscript

Introduction

Manuscripts, derived from the Latin word manuscriptus meaning 'written by hand,' represent the intellectual wealth of India, preserving centuries of cultural, philosophical, and medical wisdom². Among these, Āyurvedic manuscripts are of special importance as they transmit the scientific and clinical knowledge of ancient physicians. Despite the vast number of extant manuscripts, a significant proportion of them remain unpublished and unexplored. Their study requires both Sanskrit expertise and medical knowledge to ensure proper interpretation and application.

The Aṣṭāṅga Hṛdaya of Vāgbhaṭa is a foundational Āyurvedic text, and its Nidāna Sthāna systematically deals with disease causation, prodromal signs, pathogenesis, clinical features, and prognosis (Nidāna panchaka). To elucidate this section, medieval scholars produced commentaries that provided conceptual clarity, clinical application and interpretative depth.

One such commentary is Vākya Pradīpikā by Parameśvara available in manuscript

² Vaidya, S. M. (2018). Basic principles of manuscriptology & entrance to medical manuscript (1st ed., p. 2). Varanasi: Chaukhamba Surabharati Prakashan.

form with accession no. R3266 at the Government Oriental Manuscripts Library (GOML), Chennai. This paper manuscript of 114 folios, written in Devanagari script, covers chapters from Sarvaroga Nidāna to Vatashonita Nidāna. Parameśvara's commentary focuses on word meanings, conceptual clarifications, and illustrative explanations, providing valuable insights for both scholars and practitioners. The present study undertakes a critical editing of this manuscript to document its contributions.

Methodology

Source Identification: The manuscript of Vākya Pradīpikā was procured from GOML, Chennai (Bundle no. SR1762, accession no. 3266). It is a paper manuscript transcribed in 1921–1922 from the Ms of Chirakkal, Malabar district, Kerala.

Manuscript Description: The manuscript consists of 114 folios, each with 20–22 lines and approximately 30–35 letters per line. Certain folios exhibit missing portions (worm-eaten), marked by continuous dots. Corrections and scribal interventions, such as kakapada for replacing incorrect words, are present.

Textual Approach: The manuscript was critically read and compared against the Aṣṭāṅga Hṛdaya mula text. Attention was given to scribal peculiarities, variations, and internal consistency.

Analytical Framework: Contributions were identified under three categories—(1) Concept clarifications, (2) Terminological interpretations, and (3) Clinical explanations. Chapter-wise analysis was performed, with focus on areas where Parameśvara provides novel insight or expands the meaning of Nidāna concepts.

RESULTS

The study of this manuscript also underscores the importance of critical editions. Scribal errors, corrections, and variant readings illustrate the vulnerability of textual transmission. By critically editing and documenting contributions, the Vākya

Pradīpikā not only illuminates Aṣṭāṅga Hṛdaya but also enriches Āyurveda as a living medical tradition.

Santata Jvara

Parameśvara clarifies that when Doṣa remain hidden within rasa (plasma) they pervade the body through open channels (Rasavāhinī Srotas). This hidden movement leads to systemic spread resulting in continuous fever. By describing this mechanism, he adds depth to the understanding of Jvara Samprāpti and highlights the importance of early recognition of Doṣa latency.

Raktapitta

In the context of Raktapitta, Parameśvara elaborates on Upaśaya by emphasizing that astringent drugs work better when combined with sweet or bitter substances. This interpretation not only clarifies treatment principles but also demonstrates a clinical approach that balances purification with nourishment. Such insights reflect practical wisdom for managing hemorrhagic conditions.

Kāsa and Śvāsa

He explains that obstruction of the downward movement of vayu leads to its upward course, manifesting as Śvāsa (dyspnea). This shared pathogenesis shows why Kāsa (cough) may progress into respiratory distress. He further clarifies that untreated Kāsa may culminate in kshaya, linking chronic cough to Rājayakṣma. This explanation connects pathogenesis across chapters logically.

Rājayakṣma

Parameśvara offers etymological and conceptual clarity of Rājayakṣma, interpreting the term as both a royal disease and a wasting disorder. He discusses the role of Mandāgni (low digestive fire) and Doṣa aggravation in progressive tissue depletion. His commentary also tackles textual issues, such as reconciling ekadasha and dvadasha lakshanas. These explanations show his commitment to both philological accuracy and clinical reasoning.

Madatyaya

In the chapter on Madatyaya, he carefully distinguishes between Apasmāra (epilepsy) and tridoshaja Mūrcchā (fainting due to three Doṣa). While the two appear similar in presentation, Parameśvara emphasizes differences in causation and progression. This differentiation is valuable for accurate diagnosis and prognosis in clinical settings.

Arśas

His contribution to Arśas is the detailed explanation of dura-durata Samprāpti. He explains how improper Agni and aggravated apana vayu lead to the formation of Arśas in the anal folds. He also provides word-by-word meanings of Pūrvārūpa's such as vishtambha, sakritbheda, and mudha. Such elaboration improves clinical understanding of early signs and prevention of Arśas.

Prameha

Parameśvara provides extensive contributions to Prameha Nidāna. He emphasizes kleda as the central factor in pathogenesis along with Doṣa-Duṣya involvement. He also clarifies the prognosis: kaphaja types are curable, pittaja types are manageable, and vataja types are incurable. Additionally, he classifies upadravas based on Doṣa predominance, thereby enriching diagnostic precision. His insights anticipate modern reasoning on metabolic disorders.

Gulma and Vidradhi

He differentiates Gulma from Vidradhi by contrasting their modes of maturation. Gulma develops slowly due to Doṣa accumulation, while Vidradhi suppurates rapidly when associated with impure blood. By offering this comparative distinction, Parameśvara provides clinicians with sharper diagnostic tools to distinguish between chronic abdominal masses and acute abscesses.

Udara

In the context of Udara, especially plihodara and chidrodera, Parameśvara expands on the role of residual Doṣa in disease progression. He interprets the term yāna' as an upalakshana covering different modes of motion. He also clarifies how leftover

pathology worsens abdominal diseases, showing his concern with disease chronicity and systemic complications.

Kuṣṭha

Parameśvara elaborates dhatugata Kuṣṭha, particularly its manifestation in Śukra Dhātu. He interprets this as having implications for hereditary transmission, noting how Kuṣṭha may affect spouses and progeny. This contribution adds a unique social and clinical dimension to the understanding of skin diseases in Āyurveda.

Vātavyādhi

His commentary explains conditions like khanja, pangu, and kalayakhanja in detail, linking them to localized vata affecting the hips and legs. By describing the gradation from lameness to paralysis, Parameśvara clarifies the clinical spectrum of Vātavyādhi. His detailed approach helps differentiate between varying degrees of vata involvement in locomotor disorders.

Vātārakta

In Vātārakta Nidāna, he elaborates on Pūrvārūpa and compares the spread of the disease to rat poison, which begins locally and then spreads systemically. He also details the concept of avarana between vata and rakta, explaining mutual obstruction that causes severe joint pain. These similes and mechanisms enhance comprehension of a complex condition and underline his clinical insight.

Discussion

The Vākya Pradīpikā commentary reflects the scholastic brilliance of Parameśvara, who skillfully blends philological analysis with clinical interpretation. By dissecting difficult Sanskrit terms, he ensures that the meaning of each word is clinically relevant, providing clarity to physicians who relied on these texts for practical guidance. His approach differs from earlier commentators such as Indu and Arunadatta, as he is less concerned with mere theoretical elaboration and more invested in connecting the text to practical diagnostic and therapeutic implications.

Parameśvara's insights into pathogenesis, such as the role of kleda in Prameha or Mandāgni in Rājayakṣma, reveal a forward-looking medical reasoning. These explanations anticipate later developments in Āyurvedic understanding of metabolic and wasting disorders. The vivid similes he employs, like comparing the spread of Vātārakta to rat poison, show his narrative ability to make abstract concepts memorable and clinically tangible.

The commentary also highlights regional linguistic and cultural influences, particularly from the region of Kerala. Variations in terminology and orthography, such as the use of vasti for basti, demonstrate the living tradition of Āyurveda adapting to regional contexts. This underlines the importance of studying manuscripts not just for their textual fidelity but also for their embedded cultural history.

From a manuscriptology perspective, Vākya Pradīpikā demonstrates the necessity of preparing critical editions. The presence of scribal errors, corrections with kakapada, and variant spellings remind us of the vulnerability of textual transmission. Only through careful collation, critical editing, and contextual interpretation can authentic readings be restored. Thus, this work not only contributes to medical knowledge but also enriches our understanding of manuscript culture.

Conclusion

The Vākya Pradīpikā of Parameśvara on the Aṣṭāṅga Hṛdaya Nidāna Sthāna emerges as a remarkable commentary that bridges textual tradition and clinical application. By providing conceptual clarity, terminological precision, and pathophysiological detail, it significantly enhances our understanding of Vāgbhaṭa's text. The commentary transforms concise sutras into rich explanations, making them accessible for physicians, scholars, and students alike.

This study demonstrates that the contributions of Vākya Pradīpikā are not confined to philology but extend into clinical reasoning, prognosis, and practical application of diagnostic principles. Its emphasis on Nidāna panchaka underscores the timeless importance of accurate diagnosis as the foundation of successful treatment in

Āyurveda. Furthermore, the commentary reveals the intellectual flourishing of medieval Kerala, where Āyurveda, astronomy, and philosophy were integrated disciplines.

The present critical edition narrates about the urgent need to preserve, critically edit, and publish Āyurvedic manuscripts. Many such works remain hidden in libraries, awaiting exploration. Each commentary adds a new layer of understanding, and together they form a continuous thread of Āyurvedic scholarship. By reviving Vākya Pradīpikā, we not only safeguard a valuable part of our medical heritage but also create opportunities for its integration into modern Āyurvedic research and education.