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# A REVIEW ON THE FACTORS AFFECTING THE PROCESS OF DISEASE MANIFESTATION WITH SPECIAL REFERENCE TO VIKARA VIGHATA-KARA BHAVA ABHAVA PRATIVISHESHA

Annie M Sithara<sup>1</sup>, Chetan M<sup>2</sup>, Rajarajeswari N.M<sup>3</sup>

<sup>1</sup>Postgraduate Scholar, <sup>2,3</sup>Associate Professor, Department of Samhita and Siddhanta, Sri Dharmasthala Manjunatheshwara College of Ayurveda & Hospital, BM Road, Hassan, Karnataka, India

### **ABSTRACT**

Nidana, dosha and dushya are the specific factors responsible for disease manifestation according to Ayurveda. Even with involvement of less but specific number of entities like tridosha, saptadhathu etc, they present themselves myriad of presentations because of various other factors which influence their association. This has been elaborated in the concept of vikara vighatakara bhava abhava prativishesha explained in Charaka Samhita-Prameha Nidana. Factors which help for disease manifestation are the vikara vighatakara abhava. Factors which hinder disease manifestation are vikara vighatakara bhava. Visheshas are the specific factors like nidana, dosha and dushya. Prativishesha are the outcome of the interaction between the vishesha. The variations in samprapti are depending on three domains like anubadhnanti, bala and kala.

**Key words**: Ayurveda, vikara vighatakara bhava, vikara vighatakara abhava,

#### **INTRODUCTION**

Ayurveda was originated to remove the sufferings of human being. In this science it is mentioned about the normal and abnormal conditions of human being. There are many formulations mentioned for the cure of various diseases. But in order to make use of those boons one must have the knowledge regarding the various factors causing disease manifestation. It is because *Nidana parivarjana* is one among the main line of treatment adopted in Ayurveda. So there is a need of excavating the factors affecting disease manifestation.

#### **REVIEW:**

Samprapti is a process of disease manifestation right from the contact with *nidana*, vitiation of *dosha* and continuing till the manifestation of symptoms <sup>[1]</sup>. Thus *nida*-

na, dosha and dushya are the three major factors for the vyadhi samprapti. Even though there is limited number of entities like three nidana, dosha, sapta dhatu etc, the manifested diseases are innumerable because of variations in phenomenon of disease manifestation (samprapti). So there is a need to critically analyze the phenomenon of disease manifestation and the factors influencing it. The basic terms of the concept like vikara vighata bhava, vikara vighata abhava, vishesha and prativishesha have to be analyzed for the better understanding of this concept.

#### AIM:

• To understand the concept of "Vikara vighata bhava abhava prativishesha".

• To understand the influence of *vikara vighata bhava Abhava Prativishesha* in *vyadhi samprapti*.

## **OBJECTIVES:**

- To define the concept "Vikara vighata bhava abhava prativishesha".
- To define the terms vighata bhava, vighata abhava, vishesha, prativishesha.
- To enumerate *vishesha* and *prativishe-sha*.
- To see the inter relation between the *vishesha* and *prativishesha*.
- To critically analyze the mechanism influencing the *vishesha* and *prativishesha*.

*Vikara vighata bhava*: Those factors which hinder the *vyadhi samprapti* [2].

*Vikara vighata abhava*: Absence of *vikara vighata bhava*. It is a condition where there is no hindrance for disease manifestation <sup>[3]</sup>.

*Vishesha*: *Vishesha* are the specific factors which are the causes for the manifestation of disease. They can be enlisted as *nidana*, *dosha* and *dushya* [4].

**Prativishesha:** Prativishesha can be defined as the outcome produced by the interaction of vishesha. When there is interaction between nidana, dosha and dushya the outcome would be non manifestation of disease, or even if manifestation is there, it could be a delayed manifestation or manifestation of a mild disease due to the resistance of the interaction. And if there is no resistance it could result in manifestation of disease with no span of time and of severe in nature [5].

All these variations are because of some intervening factors which could be understood under three domains:-<sup>[6]</sup>

Anubadhnanti - kind of association, Kala - role of time factor in association and Bala - strength of each factor in associa-

Anubadhnanti: [7] If the association is possible between *nidana*, *dosha* and *dushya*, it leads to the manifestation of disease and if association does not happen then no manifestation of disease.

*Kala*: <sup>[8]</sup> If the association is favored by *kala* (time) it leads to the manifestation of disease and association is not favored then no manifestation of disease.

**Bala:** <sup>[9]</sup> If the *vishesha* have enough strength then the association is favored and leads to the manifestation of a strong disease and if they do not have enough strength the disease manifested will be of mild nature.

## **DISCUSSION**

**Anubadhnanti:** The *anukulata* (favorability) in the association is because of three reasons.

- i) Samana guna The samanata or the similarity could be in terms of dravya (matter), guna (quality), karma (action) or prabhava<sup>[10]</sup>.
- ii) Dhatu shaithilyata The ability of nidana to produce dhatu shaithilyata there by causing kha vaigunyata and hence producing the disease. This can be better understood by understanding the effects produced by the intake of gramyahara, amla, lavana, katu, kshara ahara etc causing shithilatha to mamsa dhathu, etc [11]. So also when giving justification for not using salt in excess, it is mentioned that using of salt in excess leads to shithila mamsa shonitha<sup>[12]</sup>.
- iii) Avirodha Absence of resistance for disease manifestation. The avirodha (absence) of resistance factors can be seen in vyadhi asaha shareera, one who cannot tolerate disease [13]. That is persons with ati sthula shareera (obese), one who is atikrisha (lean), one who possess mamsa, shoni-

tha and asthi which are not supportive, who is weak, nourished with unwholesome food, one who is accustomed to less quantity of food and the person with alpa satva are easily prone to disease. The progress of samprapti is clearly indicating of the samanata in nidana, dosha and dushya.

## Na Anubadhnanti:

Where there is resistance for association and the reasons for the resistance are: [14]

- 1. Asamanata between the nidana and dosha asamanata is dissimilarity between nidana, dosha, and dushya with respect to dravya(matter), guna(quality), karma (action)and prabhaya
- 2. *Nidana* is not capable of creating *shithilata* in *dushya*
- 3. Presence of *virodha bhava* While considering the *virodha bhava* (resisting factors), the *balavridhikara bhava* have got its significant role in strengthening the immunity <sup>[15]</sup>.

The concept of *vyadhikshamatva* also holds well in this aspect <sup>[16]</sup>.

## Kala (time):

*Kala* is to be considered in two aspects <sup>[17]</sup>

- 1) Favoring disease process and
- 2) Not favoring disease process.

The role of *Kala* has to be understood as [18]

- 1. Frequency
- 2. *Kala* itself as a cause for disease manifestation.

With the passage of time if *nidana* gets associated with *dosha* i.e. *nidana* when consumed at different gaps then it will lead to delayed manifestation of disease.eg. There is a possibility of *chardi vegadarana* (suppression of vomiting) resulting in *kushta* (skin disease)<sup>[19]</sup>

Dosha will wait for the favorable kala (time), where kala (time) itself acts as the Nidana (cause) by being similar to Dosha

and hence leading for the manifestation of disease with delay. As in case of *vishama jvara*, *dosha* wait for the appropriate time to exhibit symptoms as the seeds wait to sprout until rain <sup>[20]</sup>.

But some *nidana* exhibit instant *dosha* vitiation leading to instant manifestation of disease. This is signified in the example of "*jeerne ashniyat- sarvan doshan prakopayatyashu*" where the word *ashu is* used for *dosha prakopa*<sup>[21]</sup>. Intake of food without the digestion of previous food will cause instant vitiation of *dosha*. The example of *prakruta jvara* is suited for *kala* acting as a *nidana* for instant manifestation of disease. i.e, *pittaja jvara* in *sharat* which is the *pitta prakopa kala*, *vataja jvara* in *varsha* and *shleshmaka jvara* in *Vasantha*<sup>[22]</sup>.

Bala: It deals with the strength of vishesha in manifestation of a mild or severe disease. The less intake of nidana or that nidana which posses less strength results in less vitiation of dosha which manifest disease with mild signs and symptoms. More intake of nidana and with more strength leads to manifestation of disease with all said lakshana(symptoms) [23]. This can be explained by taking the example of sadya and asadya jvara respectively. Mild causes leading to mild jvara which is considered as sadya (easy to treat) [24] and severe causes leading to severe jvara which may lead to death, that is asadya (untreatable) [25].

Thus understanding of *vyadhi samprapti* should include the detail understanding of interaction of *nidana*, *dosha* and *dushya* along with the outcome. Even the classification helps us in understanding the disease process like – *pradhanya samprapti* tells the range of vitiation of *dosha*, *vikalpa samprapti* tells about the *amsha amsha vikalpa* with respect to *guna* and *bala kala* 

samprapti tells the influence of kala on disease process [26].

Thus when we analyze a disease clinically we need to understand the disease thoroughly with respect to vishesha, the way they interact and prativishesha.

#### **CONCLUSION**

Nidana, dosha and dushya possessing samana guna and in the presence of avirodha bhava will allow the vyadhi samprapti to progress<sup>[27]</sup>. Nidana, dosha, dushya possessing asamana guna and in the presence of virodha bhava will hinder the process of vyadhi samprapti [28]. Intake of nidana with time gap, will lead to delay in vyadhi samprapti and vice versa [29]. Bala of the vishesha will decide the manifestation of mild or severe disease [30]. Vishesha along with the prativishesha are responsible for the variations in the vyadhi samprapti in terms of onset, progress and severity.

## **REFERENCES**

- 1. Kunte AM, Sastri KR. Paradakara HS (ed). Ashtanga Hrdaya of Vagbhata, Reprint ed. Varanasi: Chaukhambha Surbharati prakashan; 2011.p.443.
- 2. Acharya JT. Charaka Samhita of Agnivesa, Reprint ed. Varanasi: Chaukhamba Surbharati Prakashan; 2011.p.212.
- 3. Acharya JT. Charaka Samhita of Agnivesa, Reprint ed. Varanasi: Chaukhamba Surbharati Prakashan; 2011.p.212.
- 4. Acharya JT. Charaka Samhita of Agnivesa, Reprint ed. Varanasi: Chaukhamba Surbharati Prakashan; 2011.p.199.
- 5. Acharya JT. Charaka Samhita of Agnivesa, Reprint ed. Varanasi: Chauk-Surbharati hamba Prakashan; 2011.p.212.
- 6. Acharya JT. Charaka Samhita of Agnivesa, Reprint ed. Varanasi: Chauk-

- hamba Surbharati Prakashan; 2011.p.212.
- 7. Acharya JT. Charaka Samhita of Agnivesa, Reprint ed. Varanasi: Chaukhamba Surbharati Prakashan; 2011.p.212.
- 8. Acharya JT. Charaka Samhita of Agnivesa, Reprint ed. Varanasi: Chaukhamba Surbharati Prakashan; 2011.p.212.
- 9. Acharya JT. Charaka Samhita of Agnivesa, Reprint ed. Varanasi: Chaukhamba Surbharati Prakashan; 2011.p.212.
- 10. Acharya JT. Charaka Samhita of Agnivesa, Reprint ed. Varanasi: Chauk-Surbharati Prakashan; hamba 2011.p.10.
- 11. Acharya JT. Charaka Samhita of Agnivesa, Reprint ed. Varanasi: Chauk-Surbharati hamba Prakashan; 2011.p.381.
- 12. Acharya JT. Charaka Samhita of Agnivesa, Reprint ed. Varanasi: Chaukhamba Surbharati Prakashan; 2011.p.234.
- 13. Acharya JT. Charaka Samhita of Agnivesa, Reprint ed. Varanasi: Chauk-Surbharati Prakashan; hamba 2011.p.178.
- 14. Acharya JT. Charaka Samhita of Agnivesa, Reprint ed. Varanasi: Chaukhamba Surbharati Prakashan; 2011.p.212.
- 15. Acharya JT. Charaka Samhita of Agnivesa, Reprint ed. Varanasi: Chaukhamba Surbharati Prakashan; 2011.p.332
- 16. Acharya JT. Charaka Samhita of Agnivesa, Reprint ed. Varanasi: Chaukhamba Surbharati Prakashan; 2011.p.178.
- 17. Acharya JT. Charaka Samhita of Agnivesa, Reprint ed. Varanasi: Chauk-

- hamba Surbharati Prakashan; 2011.p.212.
- Acharya JT. Charaka Samhita of Agnivesa, Reprint ed. Varanasi: Chaukhamba Surbharati Prakashan;
   2011.p.212.
- Acharya JT. Charaka Samhita of Agnivesa, Reprint ed. Varanasi: Chaukhamba Surbharati Prakashan;
   2011.p.49.
- Acharya JT. Charaka Samhita of Agnivesa, Reprint ed. Varanasi: Chaukhamba Surbharati Prakashan;
   2011.p.404.
- 21. Acharya JT. Charaka Samhita of Agnivesa, Reprint ed. Varanasi: Chaukhamba Surbharati Prakashan; 2011.p.237.
- 22. Acharya JT. Charaka Samhita of Agnivesa, Reprint ed. Varanasi: Chaukhamba Surbharati Prakashan; 2011.p.401.
- 23. Acharya JT. Charaka Samhita of Agnivesa, Reprint ed. Varanasi: Chaukhamba Surbharati Prakashan; 2011.p.212.
- 24. Acharya JT. Charaka Samhita of Agnivesa, Reprint ed. Varanasi: Chaukhamba Surbharati Prakashan; 2011.p.402.
- 25. Acharya JT. Charaka Samhita of Agnivesa, Reprint ed. Varanasi: Chaukhamba Surbharati Prakashan; 2011.p.403

- 26. Kunte AM, Sastri KR. Paradakara HS (ed). Ashtanga Hrdaya of Vagbhata, Reprint ed. Varanasi: Chaukhambha Surbharati prakashan; 2011.p.443.
- 27. Acharya JT. Charaka Samhita of Agnivesa, Reprint ed. Varanasi: Chaukhamba Surbharati Prakashan; 2011.p.212.
- Acharya JT. Charaka Samhita of Agnivesa, Reprint ed. Varanasi: Chaukhamba Surbharati Prakashan;
   2011.p.212.
- Acharya JT. Charaka Samhita of Agnivesa, Reprint ed. Varanasi: Chaukhamba Surbharati Prakashan;
   2011.p.212.
- 30. Acharya JT. Charaka Samhita of Agnivesa, Reprint ed. Varanasi: Chaukhamba Surbharati Prakashan; 2011.p.212.

#### **CORRESPONDING AUTHOR**

#### Dr. Annie M Sithara

Final year PG Scholar
Department of Ayurveda Siddhanta
Sri Dharmasthala Manjunatheshwara
College of Ayurveda & Hospital,
BM Road, HassanKarnataka, India
Email: anniemsithara@gmail.com

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