



REVIEW ARTICLE

VYADHI SANKARA – CONCEPT OF DIFFERENTIAL DIAGNOSIS IN AYURVEDA

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Abstract:

Ayurveda is known as the science of life, rightly so, because it focuses equally both on *swastha*(healthy) as well as on *atura awastha*(diseased state), maintenance of health and management of various diseases respectively. Integral part of *atura skanda* is *roga nirnaya*, *chikitsa* and so on. It is established that a disease according to ayurveda could be diagnosed on *nidana panchaka* alone. This *nidana panchaka* being the *adhikarana* is explained elaborately in *nidanasthana* of *charaka samhita*. In the same section there is mention of the most ignored ,yet highly useful tool for diagnosis of a condition as per ayurvedic principles “the concept of sankara” . It is explained at the end of *nidanasthana* and is an unique contribution of *charaka samhita*. *Sankara* is explained under four categories, *Hetu / Linga / Chikitsa* and *Vyadhi*. In other words, the key to decode and understand the whole of *atura skanda* lies in this concept. Here in this article an effort is made to understand *vyadhi sankara*. *Vyadhi sankara* is a cluster /group of two or more diseases presenting together.

Keywords: *Sankara, Hetu, Linga, Vyadhi, Upadrava, Nidanarthakara roga*

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INTRODUCTION

Ayurveda explains *trisutra siddhanta* for both *swastha* and *atura* ^[1]. *Charaka samhita*, the authoritative text of ayurveda, focuses on both these aspects. When it comes to *atura*, *charaka samhita* explains the concepts in different sections of the text, like the *nidanasthana* , *chikitsasthana* and *siddhisthana*. *Nidanasthana* mainly deals with *nidana poorvaka samprapti* of eight diseases. These eight diseases are used as base provide guidelines for better understanding of other diseases. But the concept which is the of most import in understanding and analysing the diseases in *chikitsasthana* is the concept of *sankara*, ironically is the most neglected one. The word *Sankara* is used in texts in two different ways , viz. concept of *sankara* and *sannipata*.

Charaka explains the application of *Hetu sankara*, *Linga sankara* ,*Vyadhi sankara* and *Chikitsa sankara* ⁽²⁾. *Hetu sankara* helps in understanding specificity of *nidanas* in causation of a disease, while *linga sankara* helps in analysis of difference between symptom and a disease and how the same or different symptoms are found in one or more diseases .*Vyadhi sankara* deals with differential diagnosis, when more than two presentations are seen at a time.

REVIEW OF LITERATURE

Concept of *Vyadhi sankara*: *Vyadhisankara* is nothing but *vyadhimelaka* (group) of two or more diseases. *Vyadhisankara* is *Krucchratama* (most difficult to treat) and is caused due to *Prayoga aparishuddhatwa* (improper treatment) & *Anyonya sambhava* (one causing another)^[3] Treatment adopted, should alleviate the present imbalance in *doshas* and should never lead to aggravation of another *dosha* or a new disease ⁽³⁾. *Amaatisaare sthambhanam krutam dosham samsthabhya shoola anaaha adhmanaadi janayet* ⁽³⁾. So, if the given treatment is not *shuddha*(proper), it will lead to *vyadhisankara*.
b. ***Anyonysambhvaat***- means “*paraspara karana roopatwaat*”(caused by each other or from a pre-existing condition). Eg- *Pratishyaayo hi swaroopena eva kaasasya kaarana* ^[3]

To understand *vyadhi sankara* in a better way, the knowledge of *nidanarthakara roga* and *upadrava* concepts is essential.

Concept of *Nidana arthakara roga*- Whenever a disease becomes a *nidana*(*causative factor*) for another disease then the disease is called as *nidanarthakara roga* of the primary disease. The very word *nidana arthakara vyadhi*, according to chakrapani means *nidanasya artham prayojanam* , *vyadhi jananam tat karoti iti nidanarthakarah* ^[3] which means *nidana* is that entity which is responsible for the causation of a disease . So

when a disease itself becomes a causative factor for some other disease, then it is called as *nidanarthakara roga*.

Concept of Ekarthakari and Ubhayarthakari

vyadhi- Primary disease is nothing but the original disease itself, and some time later may, cause a secondary disease, in other words become *nidana*(cause) for another disease ^[3]. Also this primary disease may or may not continue to exist with the secondary disease. If the primary disease exists after the onset of a secondary, then it is *ubhayaarthakari*, and if primary one subsides after the onset of secondary, it is *ekarthakari*.

Concept of upadrava (complications)-

Presentations that are found in *rogottarakala*(not along with the disease) ^[4] are *upadrava*. These presentations are due to *dosha dushyas* of the primary disease only, so they obviously have similar *nidanas* as that of the primary disease ^[4]. *Upadras* normally do not manifest along with a disease, but in some cases with strong *doshas*, they manifest along with the disease ^[4]. In most of the cases *upadrava* is secondary because, it subsides automatically with the treatment to primary disease. But in certain cases, they need to be treated exclusively, because *upadras* are much more troublesome as they appear in a diseased body ^[4]. There is mention exclusive treatment for *upadras*. When they are severe *upadras* need immediate care.

DISCUSSION

Concept of vyadhi sankara- *Sankara* means collection. So *vyadhi sankara* is the presentation of a group of two or more diseases. This occurs either due to *prayoga aparishuddhatwa* or *anyonyasambhava*.

Discussion on examples for “Prayoga aparishuddhatwaat” concept of Vyadhi sankara

- ✓ Examples – In context of *Navajwara*, if *sadyo vamana*(*emesis*) is done when *doshas* are *anutklisha* (not ready to be expelled) then it leads to *Hrudroga*(*heart disease*)so on,.

Kaphapradhanaan utklishaan doshaan amashayasthitaan ^[5]

These are the pre requisites for performing *sadyovamana*, in case of *navajwara*, though there is *dosha* in *Amashaya*. If it is not *utklisha* and *chalayamana* (ready to be expelled and motile), administration of *emesis* would lead to *hrudroga*(*heart disease*) so on.

- ✓ In *raktapitta*, if *stambhana* is done, when there is *dushta rakta* (afflicted blood), then it leads to *galagraha* diseases ^[6]. In the treatment of *raktapitta*, *langhana*(*fasting*) is the first line of treatment ^[6] because, initial stage of *raktapitta* may be associated with *ama*(*intermediary component*). If *stambhana* is done without

saama dosha pachana(metabolising), then it will lead to *Galagraha* , *pootinasa* , *moorcha* , *aruci jwara* and so on.

- ✓ In *visarpa* (erysipalis), intake of medicated ghee in *bahudosha* stage leads to suppuration of *twak* *mamsa* *rudhira*(skin,muscle , blood).If in a disease like *visarpa* (a *kleda* dominant disease), ghee is given without administering suitable purificatory therapies like, emesis /purgation (based on location and doshic dominance), then it will lead to suppuration of skin so on^[7].

So, this goes to show that, if the given treatment is not *shuddha* (proper), it will cause *vyadhisankara*.

“Anyonyasambhvaat” - Tendency of a disease to cause another disease, because of some similarities in *nidana/ dosha / adhishtana* (*dushya*).

Examples - . *Pratishyaya* leading to many conditions^[3].

Vyadhi sankara is nothing but a presentation of two or more diseases together. But, these presentations may even be mistaken for *nidanarthakara roga* or *Upadrava*. How to differentiate between these is the question, because it is very important to do so, to decide upon the treatment.

Following points are to be considered for differentiation of these,

Whenever two or more diseases co-exist and only if the following are/ is true, one may consider it as *nidanarthakara roga*,

If a primary disease subsides after causing a secondary disease, it is called *nidanarthakara roga*

Discussion on example for *nidanarthakara roga* ,

01) *Jwara santapaat raktapittamudeeryate*^[8], here *jwara* causes, *raktapitta*. But how is this different from *upadrava*?

Answer is, *nidanana* for both these conditions are no doubt *ushna* so on, but for *jwara* to be a cause for *raktapitta*, *jwara* should directly cause some affliction to the very *adhishtana*, that is *rakta* in case of *raktapitta*. So if a disease targets another *dushya* or *adhishtana* then concept of *nidanarthakara roga* is to be considered.

02) *Arshebhya jathara*^[8]- *Arsha*, can cause *jathara roga*. *Apana dushti* causes *arsha* and this again causes *apana dushti*(affliction in *apana*), creating a vicious circle^[9] . *Apana dushti* is a component of *samprapti*(pathogenesis) in *jathara*. *Arsha* causes a change or *dushti* in *apana pradesha*(low abdomen), leading to manifestation of *jathara roga*(ascites) some day.

Having said that, it is important also to know that , a disease can produce another disease only when there is the presence of *sahakari*

bhava (supporting / conducive factors). That is the reason why *nidanas* are specific for specific diseases.

Now, two or more diseases can co exist in *upadrava* as well ?

Due to continuation of *nidanas*, *upadravas* manifest and most importantly *upadravas* are caused by dosha duushya of primary roga only. This differentiates *upadrava* from *nidanarthakara roga*. *Nidanas* if continued, affect *Dosha* and *Dushya* of the disease leading to complications in terms of severity and prognosis. Example – Upadrava of *vatarakta* ^[10]. *Aswapna arochaka shwasa mamsakotha* and so on ,these presentations are the offshoots of same *dosha* and *dushya* .

So by looking at,

1. *Dushya(dhatu)* involved in primary and secondary roga.
2. *Nidanas*(causes) of the two diseases , one can decide whether the condition is a *nidanarthakara roga* or an *upadrava*.

Why is this differentiation required?

- The concept of *nidanarthakara roga* is important to foresee the manifestation of the secondary disease.

For example, as per Chakrapani, given *teekshna chikitsa* in *grahani* may cause *paandu* ^[11] but again only in the presence of *sahakari bhava* (conductive factors). By this concept, precaution may be taken to avoid

nidanas (*sahakari bhava*) specific to that secondary disease. The guidelines to know which primary disease is likely to be a *nidana* for which secondary disease, is given in *apasmara nidana* chapter of *charaka samhita* ^[8].

- If it is an *upadrava* , then separate line of treatment need not be planned , as they are only the offshoots of the primary disease and will get subsided with the subsidence of primary disease. Only when the *upadravas* are severe, a separate line of treatment needs to be planned to address that first and the primary disease to be attended after that.

Why is the concept of *Sankara* it explained in *nidanasthana* ? , What is the importance of *sankara*?

This probably is based on *trisutra siddhanta* . *Hetu Linga chikitsa* and extended part of *hetu(cause)*, *linga(symptom)* is *Vyadhi*. And Charaka also has cautioned that clear distinction between *linga* (symptom) and *vyadhi* (disease) has to be made ^[12]. To differentiate between the symptom and the pure disease *vyadhi sankara* has been separately mentioned .

In *sutrasthana*, *trisutra* is explained as having importance in both healthy as well as the diseased. But while dealing with *sankara* it is exclusively for the diseased, this is the reason why it has been explained in *nidana sthana*.

The concept of *nidanarthakara roga* is explained before *vyadhi sankara*, because, there is a thin line of distinction between these two concepts. Because of the closeness of two concepts, *nidanarthakara roga* is mentioned first and after that only the tools to understand a disease i.e *Hetu* and *Linga sankara* have been explained.

Discussion on difference between *Nidanarthakara roga* and *Vyadhi sankara*-

Could be explained with the help of *eka arthakaari / ubhaya arthakaari roga* concept

If a disease leads to another disease and subsides, then it is *nidanarthakara roga* and if the previous disease and secondary disease exist together then that is *vyadhi sankara*.

If *jwara* caused due to *ushna* *nidana* and this *jwara* in turn in the presence of supporting factors leads to *raktapitta* , then *jwara* becomes the *nidanarthakara roga* of *raktapitta*. Here though *ushna* causative factors are common to both diseases, *sahakari bhava*(supporting /conductive factors) to cause *raktapitta* was present, which lead to manifestation of *raktapitta*. Because, if only *ushna* and *jwara* *nidanas* are continued without the *sahakari bhava* it should have lead to *upadrava* of *jwara*. The primary disease i.e., *jwara* affected the very *adhishtana* due to the presence of specific causative factors and in the presence of *sahakari bhava* (supporting /conductive factors) lead to *raktapitta*.

Concept of *nidanarthakara roga*, mainly helps in diagnosing the disease, for eg. if previous disease history is obtained, we can deduce, whether or not, that disease had lead to the present condition. But one may say, we in any case treat the dosha dushya itself, there by the disease, why bother about the past history. Importance of *nidanarthakara roga* lies here. Due to specific *nidana sevana* , moola *vyadhi*(primary disease) will affect another *adhishtana* (*nidana* specific) leading to some other disease. As mentioned earlier it helps in foreseeing the secondary disease.

Examples – *Pleeha/ Arsha/Grahani* causing *udara roga* ^[13]

Only distinction between *nidanarthakara roga* and *vyadhi sankara* is, *aparishuddha chikitsa* and *anyonyasambhavaat*. Though mentioned specifically for *vyadhi sankara* it is applicable to *nidanarthakara roga* also, because *pratishyayaat bhavet kaasaha* ^[8] is the eg. for *anyonyasambhavaat* and *jwarasantaapaat raktapittam udeeryate or stambhana in amatisaara* leads to *shoola* etc,. is for *aparishuddha chikitsa*. In which ever of these two conditions, if both the diseases (primary & secondary) exist together then it will be *vyadhi sankara (ubhayarthakaari)* and if primary one subsides after causing secondary then it is *nidanarthakara roga*.

So *ekarthakaaari* can be equated to *nidanarthakara roga* and *ubhayarthakaaari* to *vyadhhi sankara*.

Clinical Application of Vyadhi sankara:

Has been explained in discussion part of vyadhi sankara keeping navajwara, raktapitta and visrapa as examples.

CONCLUSION

Vyadhi sankara is a collection of two/more presentations. This collection may be mistaken with either *upadrava* or *nidanarthakara roga*. In this article an attempt is made to make a clear distinction between these two. Therefore, the concept of *sankara* is explained, which is exclusively meant for understanding and diagnosis of a condition and could be considered as Differential diagnosis in ayurveda. *Vyadhi sankara*, when it comes to treatment and prognosis plays a pivotal role. This *sankara* can happen due to *nidanarthakaratawa* or as a result of *upadrava*. Differentiating these two concepts gives clarity in planning right line of treatment for faster and better cure.

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