

UNDERSTANDING 'VYADHI AVASTHA' CONCEPT WITH MODERN DIAGNOSTIC PARAMETERS

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<https://doi.org/10.46607/iamj2611092023>

(Published Online: September 2023)

Open Access

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Article Received: 08/08/2023 - Peer Reviewed: 25/08/2023 - Accepted for Publication: 10/09/2023.



ABSTRACT

In the today's competitive era *Ayurvedic* practitioner have to go through plenty of challenges, right from counseling, examination, diagnosis, treatment etc...of patient. Some of the patients attending OPD or IPD come with a big file of investigations that will put the clinician in the dilemma whether to go with *Ayurvedic* concept only or go with modern diagnosis along with *Ayurvedic* treatment. In My view we should not move from our basic concepts of diagnosis and treatment. In such a situation one can utilize the concept of modern diagnostic parameters to correlate or understand the exact Vyadhi Avastha. Laboratory investigations or other invasive or non-invasive investigations are near to *pratyaksha*, *Anumana* or *yukti praman*. Which can add to the more success, if anyone considers as conjuncts for conventional *Ayurvedic* Diagnostic Methods.

Keywords: *Vyadhi Awastha*, Modern diagnostic parameters, *Doshapaka*, *Dhatupaka*, *Vegavastha*, *Avegavastha* (*Leenawastha*)

INTRODUCTION

In the present era there are plenty of healthcare disciplines all over the world, still major group of people are now turning towards gold standered and time

trusted field of medicine – '*Ayurveda*' as alternative medicines. At the same time, it is motivating to *Ayurvedic* fraternity to consider as our raised responsibil-

ity to make this group healthy with our unique diagnostic and treatment strategy. Success of treatment includes many folds like *vaidya*, who has to make correct diagnosis and treatment, efficient medicines, sympathetic nursing of patient and obedient patient. Out of this the most difficult and intimidating part has to deal to the *vaidyas*, as there is chance to get conflict or confusion if the certain concepts are not clear. In such circumstances one can elaborate understanding by *Upasaya-anupasaya* method; one can opt for modern diagnostic parameters which could give vision up to certain level to find the resolution. Though we are dealing with *Ayurvedic* concepts, one can definitely use modern technology – which is the boon of science for the betterment of patients. Understanding the stage of abnormalities is very important in the process of case taking. The manifestation of pathology begins gradually and goes through certain paths presenting various signs and symptoms on the body. The clinical features change continuously with the internal changes. The factors involved in the initial stage may or may not participate till the final stage of disease. They denote the changes which occur from time to time in disease and depend. During this process the body is continuously going through two opposite forces, one side which tries to prevent the disease by *Vyadhikshamatwa* and on the other side, to increase the pathology by opposite factors. In this process the body undergoes plenty of biochemical, immunological and physical changes which can be picked up by particular laboratory tests, X-Ray, USG, ECG, CT, MRI etc. like investigations. This is just like an oasis in the desert.

The factors like *dushya, desha, bala, kala, anal, prakriti, vaya, satwa, sara, satmya and ahara* (A.H.Su12/67) may favor either of these sides. When they are favorable for *vyadhi* the pathology will progress and when they are helpful to treatment disease will regress or its duration will get shortened.

The process of manifestation of disease demonstrates different *vyadhi avastha*; which takes place among the contributory factors of disease i.e., *dosha, dushya, agnimandhya*, etc.

Stages occurring due to changes in *Dosha-*

I) *Kriyakala* - Six stages of development of disease or *Kriyakala* can be identified by signs and symptoms on the body at that time.

II) *Vegavastha and Avegavastha(Leenavastha)*

Vegavashta - The stage of attack. *Avegavastha* - Stage in between attacks of the disease. The stage between the attacks where the *srotovaigunya* is present even though sometimes it is not manifested as disease. *Doshas* remain increased and dormant and can produce an attack of disease when condition is favorable to it.

Eg. Certain diseases show *Vegavastha* and *Avegavastha* - *Tamakshwas, Vishamjwara, Apasmara*.

1) IgE is elevated in *Avegavastha* of *Tamakshwas*.

2) In Spirometry the length of expiration is prolonged and FEV1 is much reduced. This is the obstructive pattern seen in Asthma, Chronic Bronchitis and Emphysema but in Asthma the obstruction is reversible with bronchodilators and steroids but not in Emphysema.

3) *Apasmara* - EEG is of greatest value in seizure disorder not only to document the intricate subclinical seizure activity but also to classify epilepsy as partial or generalized.

The importance of knowledge of these stages determines the plan of action because, during attack (*Vegavastha*) the treatment has to be directed towards correction of *Doshas*, while in between *Avegavastha* treatment must be given for increasing strength of *Dhatu*s and *Srotas*.

III) *Doshapaka and Dhatupaka avastha-*

दोषप्रकृति वैमल्यं लघुता ज्वर देहयोः/ इन्द्रियाणां च वैमल्यंदोषाणां पाकलक्षणं// भावप्रकाश

Doshapaka avastha is stage favorable to the treatment of disease, because in this condition *Ama* is separated from the *Doshas*. *Doshas* get digested (*Doshapaka*), their vitiation subsides and they either tend to become normal or starts coming towards *kostha* which is its normal or physiological movement.

Therefore, the treatment must be aimed at producing *Doshapaka* which further depends upon *Agnibala* and

if *Doshas* get accumulated in *kostha* they should drained out by proper method of *Shodhana*.

Eg. 1. Returning of elevated ESR towards normal along with the diminution of symptoms shows *Dhatupaka* in *Rajayakshma vyadhi*.

2. Disappearance of earlier present patchy consolidation to normal picture of lung suggests *Doshapaka* in *Swasanaka jwara*.

3. Disappearance of plural effusion after treatment suggestive of *Doshapaka* in *Rajayakshma*.

4. Reversing to the normal values of elevated SGOT, SGPT, and Sr. Bilirubin suggests *Doshapaka* in *Khamala*.

5. Elevated Widal titers in second week of Typhoid fever after treatment start decreasing along with decrease body temperature suggestive of *Doshpaka* in *Visham Jwar*.

6. As the *Doshas* and *Ama* start separating from *Dhatu*s and *srotas* the body becomes light and diseased feels relax.

Obliteration of basal cisterns, inflamed meninges, presence of inflammatory exudates in the CT Brain and clinical signs of neck stiffness returns to normal CT of brain along with absent neck stiffness suggests *Doshapaka* in *Mastiska jwara*.

7. Sense organs get refreshed and respond to sensation after *Doshapaka*, After *Doshapaka* in hepatic coma patients responds to verbal, visible stimulations.

Dhatupaka :

निद्रानाशो हुदिस्तंभो विष्टम्भो गौरवारुचि/

अर्तिर्बलहानिश्च धातूनां पाकलक्षणं // भावप्रकाश

Vitiation of *Dosha* may cause either temporary or permanent destruction of *Dhatu*s. They are subjected to the process of digestion called *Dhatupaka Avastha*. As it is the process of digestion, *Pitta* plays an important role along with other *Doshas*, in the process of *Samprapti* of disease. The bala of the body totally depends on *Dhatu*, hence *Dhatupaka* is a very serious stage of *Samprapti*.

The WBC count plays an important role in controlling *Dhatupaka*. By increasing the WBC count the *Dhatupaka* can be controlled at an early stage. WBC plays an important role in digestion and destroying

foreign materials, pathogenic organisms, decaying tissues, thus preventing the other *Dhatu*s from undergoing *Dhatupaka*. The *Dhatupaka* causes damage to tissues, cells, body substances hence this stage must be controlled as early as possible.

A physician must always bear in mind the role of *Dhatupaka* and *doshapaka*. The advanced devices of modern technology are very helpful in tracing the symptoms of *Dhatupaka* when they are hidden. Eg. 1. The presence of albumin in urine suggestive of *Mamsa dhatupaka*(मांसधातुपाक),

2. Presence of high level of SGOT in blood suggestive of *Dhatupaka* in muscles and heart along with *Raktavaha* and *Mamsavaha srotas*.

3. High SGPT s/o *Dhatupaka* of liver tissue and *vikriti* in *Raktavaha Srotas*(रक्तवहस्रोतस्)

4. Presence of ketone bodies s/o *Dhatupaka* in *Medo-dhatu*.

5. Presence of ACCP (Anti cyclic citrullinated peptide antibodies) s/o *Dhatupaka* in *Asthi*, *Sandhi*, *Snayu* and *kandara*. It also indicates that disease also lead up into *Gambhira avastha*.

6. ANA values indicate the presence of autoimmunity in the body. Which contributes or predisposes an individual to *Dhatupaka*; also shows intense *samprapti* and ultimately leads to *Dhatukshaya avastha* and long-term deformities.

7. Presence of RA factor also s/o *Dhatupaka* in connective tissue.

8. Presence of ACC, RA positive, ANA positive; indicate the conditions of body rapidly or gradually undergoing *Dhatupaka* and their presence suggest doing serious therapeutic interventions.

9. Increased level of Bile salt, Bile pigment and blood urea and serum cholesterol are some of examples of *Dhatupaka* in respective organs of body. Returning of increased values to the normal are suggestive of good prognosis as well recovery in previous condition.

Under the wasting condition of body such as old age or wasting syndrome; condition of *Dhatupaka* can be understood by means of '*khamala*' (Excretion from various sense organ increase).

Under certain conditions if *Dhatupaka* is not traceable by investigations and there are no specific symp-

toms of specific organs then one may rely on the group of above stated symptoms given by Acharya Bhavaprakasha, which definitely suggests the *Dhatupaka* occurring in body.

Observation of these symptoms will reveal that all are produced by *Vata prakopa* which is results of *Dhatukshaya* due to *Dhatupaka*. The same thing occurs in the *Dhatukshaya* of '*Rasa dhatu*' also. If the above symptoms are produced in the absence of over exertion or loss of '*Rasadhatu*' then it talks about serious attention to be given as it indicates *Dhatupaka* of major diseases.

IV) *Dhatugatavastha*

When *Dosha-Dushya samurchana* of disease invades the deeper Dhatu, the condition is called as *Dhatugatavastha*. *Charaka Samhita* states about *Dhatugatavastha* only for certain diseases, but the condition can occur in any other diseases producing various co-existence of disease or symptoms. Such a *vikriti of dhatus* can be studied by using X-ray, CT, MRI or Endoscopy.

Eg. 1. *Mamsadhatugatavastha* of *Amlapitta* is nothing but *Parinamshoola*. GI endoscopy can find out any type of structural change in the organ.

2. MRI shows metastatic changes occurred in body because of breast cancer is nothing but direct studying of *dhatugatavastha*.

V) *Nava-Jeernavastha*

The condition of newly formed disease is called *Nava-Avastha* and after a certain period it converts into *jeernavastha*. *Jeernavastha* is characterised by *dhatwagnimandhya*, *dhatukshya* and *vata prakopa*.

Eg. 1) Increased sr. cholesterol in obesity suggestive of *Medodhatwagnimandhya*.

2) Decreased sr. albumin suggested of *Mamsadhatukshaya*.

VI) *Uttan- Gambhira Avastha* -

These are the stages in which superficial (*Uttan*) and deeper (*Gambhira*) *dhatus* respectively are affected. *Sushruta* has described the condition as '*Avagadha*'. In *Gambhira avastha* there is massive destruction of deeper dhatus.

Uttan Avastha- Eg. In *uttan Avastha* ESR moderately to highly elevated, CRP values are slight to strong positive and mild leukocytosis present.

Gambhir Avastha- Can be studied with laboratory investigations.

1) Hb% values are below normal, ranging from mild to moderate anemia.

2) RBC count less than normal.

3) Platelet count is higher in a few cases and proportional to duration of illness. The chances of occlusive disease due to platelet aggravation can increase with chronicity of disease.

4) ESR mild to moderately elevated.

5) Presence of RA indicative of *Dhatupaka* in *gambhira Avastha*.

6) ACCP- values indicate the severity of the disease to turn out to be more crippling.

VII) *Antarvegi Awastha / Bahrvegi Awastha*-

अन्तर्दाहो अधिकत्रिष्णाप्रलापः श्वसन्म भ्रमः

सन्धिस्थिशूलमस्वेदो दोशवर्चो विनिग्रहा च.चि. ३/३९

Antarvegi Avastha - These have been pointed out in *samprapti* of *Jwara*. *Antarvegi Avastha* suggests greater *srotorodha* and *doshadushti*. In this condition symptoms of vitiation of *vata* and *pitta* are prominent. There is an internal burning sensation, excessive thirst, delirium, severe pain in bones and joints. Obstruction to the excretion of *doshas* and *mala mu-tra*.

This condition can be compared with toxemia because of microbial or metabolic fever.

There will be massive leucocytosis.

Elevated CRP.

Derangement in electrolytes-either high or low eg.-
Septicemia

Bahirvegavastha-

संतापो अभ्यधिको बःयस्तृष्णादिनांश्च मार्दवं

बहिर्वेगस्य लिङ्गानिसुखसाध्यत्वमेव च/ च.चि. ३/४०

In this condition burning sensation occurs in skin and not inside the body. All other symptoms like thirst, delirium etc. get diminished and disease become easily curable.

VIII) *Asukari and chirakari*-

The condition of sudden onset and short duration is called *Asukari avastha* or acute stage of disease. In

the disease instead of being cured quickly get prolonged. The symptoms similar to acute stage but milder and prolonged persist for long time. This condition is called *Chirakari* or chronic stage.

Eg. Certain diseases like *masurika*, *visuchika*, *pitta raktaj pravahika* (bascillary dysentery) have acute condition. While *Kushtha* and *Prameha Pakshaghata* are *chirakari*. Certain diseases can turn to *asukari* from *chirakari* eg.-Transformation of *Arbuda* to *Dustarbuda*. should also be taken as change in *vyadhi avastha*.

1) Elevated CPKMB, CRP, markedly elevated ESR, Lucocytosis such findings are considered to be as *asukari avastha*.

2) Elevated Sr.Amylase suggested of *Asukari agnashaya* shotha.

3) Lymphocytosis, positive RA, mild to moderate ESR s/o *Chirakari Awastha*.

IX) *Sama- Niram Awastha*

Samavastha-The basic reason for *samavastha* is *agnimandhya* either at the level of *koshta* or *dhatu*. In a disease state it can happen in combination with *doshas* and *doosyas*. This is the state of *samavastha* which can lead to diseases. *Sama* doshas, where *ama* gets mixed with *tridoshas*.

Amadoshas exhibit properties similar to *vikrit kapha doshas*. That's why *snehaprayoga* is contraindicated in *samavastha*. Acute Rhumatic condition showing symptoms like arthalgia, stiffness, joint effusion and fever which is not responding to *snehan* therapy is classical example of *samavastha* in *madhyam marga*. Routine blood investigation shows elevated CRP, RA factor, ASO factor and ESR.

Acute Lung disease sputum analysis shows neutrophillia which is a good marker of *kapha samavastha*. Elevated SGOT, SGPT, Sr.Ammonia, Sr.Creatinine. Elevated lipid profiles are s/o *samavastha* in respective *dhatu*.

Ketone bodies in urine, micrialbunimia, pus cells are markers of *sama mutra*.

Pus cells, mucous, Bacilli, more vegetative parts in stool examination s/o *sama mala*.

The *Doshas* free from *Ama* are called *Nirama*.

X) *Leenavastha*-

This is *avyadhiavastha* (अव्याधिअवस्था) in which *doshas* exhibit *ksheen* (debilitated) state which is in between the *doshvridhi* and *dosha samavastha*(समावस्था). here *doshas* are not potent to cause diseases but it stays dormant in the *dhatu*s for favorable time to cause the disease.

Leenavastha is best explained under the context of *vishamjwara* which shows symptoms like *karshya*, *vaivarnya* and *jadatha*. These are not exact symptoms of disease but can lead to classical picture of disease. Such a condition can be seen in many infectious conditions like Malaria, Chicken Pox etc. Malarial Parasites shows a life cycle stage hepatic schizogony in human host. In this condition some schizonts lie dormant in hepatocytes termed as hypnozoites which can cause a latent infection. Detection of Antibodies through immunoassays is the only selective method for detection of hypnozoites since it is clinically relapsing stage.

In chickenpox after causing primary infection varicella lies dormant in the nerve root ganglion which later leads to herpes zoster infection.

Adding modern investigation along with *Ayurvedic* contextual concept in diagnostic method brings closer to *pratyaksha* and *yukti pramana*.

DISCUSSION

The factors like *dushya*, *desha*, *bala*, *kala*, *anal*, *prakriti*, *vaya*, *satwa*, *sara*, *satmya* and *ahara* (A.H.Su12/67) favors either of these sides of manifestation or regression of pathology. When they are favorable for *vyadhi* the pathology will progress and when they are helpful to treatment disease will regress or its duration will get shortened. The process of manifestation of disease demonstrates different *vyadhi avastha*; which takes place among the contributory factors of disease i.e., *dosha*, *dushya*, *agnimandhya*, etc.The modern diagnostic tools are able to go to the molecular level of the pathology and has capacity to demonstrate the changes occurring at tissue level & at body fluids.

Understanding the stage of abnormalities is very important in the process of patients care. The manifestation of pathology begins gradually and goes through

certain paths presenting various signs and symptoms on the body. The clinical features change continuously with the internal changes. The factors involved in the initial stage may or may not participate till the final stage of disease. They denote the changes which occur from time to time in disease this can be observed in various test performed. Changes can be recorded in the form of values, or in the form of images or tissue structure by means of biopsy or other methods. In this the body undergoes plenty of biochemical, immunological and physical changes which can be picked up by particular laboratory tests, X-Ray, USG, ECG, CT, MRI etc. Which illustrate the state of pathology and directly or indirectly guiding the physician to treat the patient accordingly along with making informed status of the body.

CONCLUSION

We should not move from our basic concepts of diagnosis and treatment. In such a situation it is better to utilize the concept of modern diagnostic parameters to correlate or understand the exact *Vyadhi Avastha*. Laboratory investigations or other invasive or non-invasive investigations are near to *pratyaksha*, *Anumana* or *yukti praman*. Which helps to remove the dilemma and clears the clouds of confusion & add

to the more success in the diagnosis. Modern diagnostic parameters are noting but the adjuncts to evaluate the some of Ayurvedic concept of vyadhi Avastha in more easy and practical way. Thus modern diagnostic tools are nothing but boons for Ayurvedic concepts treatment.

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Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Shubhangi Patil & Nagesh Gandagi: Understanding 'vyadhi avastha' concept with modern diagnostic parameters. International Ayurvedic Medical Journal {online} 2023 {cited September 2023} Available from:

http://www.iamj.in/posts/images/upload/2338_2343.pdf