

UNKINKING THE CONCEPT OF LEENA DOSHA**Nithin Krishnan R¹, Sachin Deva², Lakshmiprasad L. Jadhav³**¹PG Scholar, Department of Roganidana, Shree Dharmasthala Manjunatheshwara College of Ayurveda, Hassan, Karnataka, India²Assistant Professor ³Professor, Department of Roganidana, Shree Dharmasthala Manjunatheshwara College of Ayurveda, Hassan, Karnataka, India**ABSTRACT**

Life encompasses the states of health and disease. Ayurveda, the spearhead science deals with these states of life. Various fervent concepts with sturdy bedrocks are laid down for understanding the body. Diagnosis and understanding of diseases is of prime relevance in the field of medicine. Different principles and methods in unveiling the mechanism of disease have been mentioned in classical texts. One of the most alluring concepts is *Leenadosha* in the modulation of a disease. The following article “Unkinking the concept of *Leenadosha*” is reviewed through Ayurvedic classics in integration to modern medical facts in the causation and course of a disease, along with its relevance in clinical practice.

Key words: *Leenadosha*

INTRODUCTION

The ancient science of life, Ayurveda revolves around the very realistic concepts of *panchamahabhootas*, *tridoshas*, *saptadathus* and *trimalas*. For precise comprehension of science, its basic principles are to be understood. Apart from these basic principles that sustain life in balance and prevent morbidity when under imbalance, there are interesting concepts that wing under them for the manifestation of a disease. One among the least discussed or focused is the concept of *Leenadosha* in the reflection of a disease.

In this context, understanding the term *Leena* is very much needed. *Leena* can be literally understood as attached, merged or even secluded^[1]. Technically the term *Leena* means concealed^[2] or attached or merged^[3].

Hence *Leenadosha* is a state where the *doshas* are attached or concealed in *dathus*. The symptoms in such conditions are least expressed or even not expressed. We can frame the quality of *Leenadosha* as – *ekadeshastita*^[4], *anutva*^[5] and *dathvantarasta*^[6].

The term *Leena* has been quoted in the classics with reference to certain diseases. Some of them include *vishamajvara*^[7], *svasa*^[8], *grahani*^[9], *vilambika*^[10] and *apasmara*^[11]. In the clinical practice even more diseases can be included.

POTENTIAL ETIOLOGY INSTIGATING LEENA DOSHA:

The knowledge of disease is of prime relevance before intervention in medicine^[12]. The reasons from which a *Leenaavastha* can be

generated are the following: *mithyopachara*, *svabhava* of a *vyadhi*, *nidana*, *vyadhikshamatva*, abstaining from treatment for a disease.

The pathology of *Leena* can be made out in various diseases. In the context of *vi-shamajwara*, after the remission due to the following of *apathyahara* and *vihara*; *dush-tadoshas* are left behind. These *doshas* would merge with the *dathus*, when a favorable environment arises the symptoms are manifested at a visible threshold at varying intervals; with remission and relapse^[13]. In *svaasa*, *shodhana* is the line of treatment in *bahudoshaavastha* followed by *shamana* – *dhoopana*. If the clinician skips the latter, *doshas* undergo *Leenaavastha* where in the patient may not manifest symptoms at the time but when a favorable environment arise the conditions revert back^[14]. In *grahani* due to weak digestive fire there will be indigestion leading to the pathological state of *aama*. The *aama* is in *anutklishtaavastha* in the *pakvashaya*. The same is not strong enough to elicit the signs and symptoms^[15]. In case of *vilambika* the diseases become recurrent as the *aamaavastha* is deeply merged in state with *srotas*^[16]. In *apasmara*, the intermittent or episodic attack of the seizure is termed by the word *Leena*^[17]. Also *Leena* can be considered as *doshaavastha*. Therefore *Leena* not only conveys the relapse or remission a disease.

CONTEMPORARY GLEAM TO LEE-NA DOSHA :

Leenadoshaavastha in modern pathology can be comprehended through diseases like herpes zoster, herpes simplex, AIDS, malaria, epilepsy, filariasis, leprosy and many more diseases. Among them malaria is here

to explain its pathology and mechanism in symptomatic manifestation. The vector – Female *Anopheline* mosquitoes inoculates plasmodialsporozite from salivary gland into host body (blood). They invade hepatic parenchymal cell and progress to intrahepatic or pre erythrocyticschizogony or merogony. The single sporozite in the hepatocyte eventually proliferate, swollen the infected cell and eventually bursts. Further the motile merozoites are discharged into the blood stream. Then, it enters the red blood corpuscles, multiply six to twenty times every forty eight to seventy two hours. When the parasites reach fifty per each micro liter of blood, symptomatic stage of infection begins. In all cases of hepatic entry, there may not be division as some forms of plasmodialsporozites remain dormant for a period ranging from weeks to years. They are called as hypnozoites – dormant forms^[18].

LATENCY AND LEEENA DOSHA AVASTHA:

Latency is the state of seeming inactivity^[19] or the state where there is existence but not yet developed/manifested/are hidden/concealed/dormant/a carrier stage, where in the individual is not affected. *Leena* is also similar to be explained as *anutklishta*, which is not profound at a perceivable level as signs and symptoms. *Shlishta* refers to the adherence/merging of the *doshas* with the *dathus*. Thus, when a favorable environment arises, it manifests. Thus relapse and remission occurs.

IMPACT OF LEEENA DOSHA IN VYADHIKSHAMATVA:

The references from occurrence of *punaravarthakajvara*^[20] enlighten the role of *bala* – immunity in an individual, in whom the re-

lapse of disease occurs after symptomatic cure. To understand, we can mention diseases like herpes zoster attack. Here the immune system suppresses the virus to an extent, avoiding the manifestation of symptoms. But when the immune mechanism fails to suppress, disease is manifested. But the mechanism of immune failure and relapse is poorly understood^[21]. Similar is the case of herpes simplex, where the host immunity influences the acquisition, severity of infection, resistance to development, latency and relapse. Latent phase of AIDS extends upon the strength of immunity in an individual. Regarding *Leena* in hypersensitivity the sensitization of immune system towards any particular antigen can be long lived in the absence of re exposure (greater than 10 years) due to immunologic memory. We can assume the abnormality behind the cell mediated immunity as one of the modern pathological phenomenon in the causation of *Leenaavastha*.

INCIDENCE AND CLINICAL DIS-CERNMENT OF LEENA:

Leenaavastha can occur before and after the treatment of a disease. Before treatment due to the formation of *saamadoshas*. It can adhere or conceal to the *dathus* and *Leenaavastha* is formed. At the end of intervention or after it, though the signs and symptoms are subsided, there can be presence of *sheshadosha* in the form of *Leena*. Clinically *Leenaavastha* can be inferred in a *vyadhi* through an exhibition of recurrent or intermittent attack of a disease, even with an assumption of well adopted treatment. Therefore merging the textual knowledge with the clinical practice, one could tackle the hurdle

– *Leenadoshaavastha* through a non – futile intervention.

Our classics mention why and how such conditions should be approached. The *saa-madosha* moving all over the body, when in *Leenaavastha*, i.e deeply merged or concealed in *dathus* are not feasible to be eliminated through *shodhana* procedures directly in such instances, if *shodhana* is performed can lead to the destruction of body tissues. Thus, *saamadoshas* adhered or concealed in diseases are understood as in *Leena*^[22]. This understanding facilitates the further intervention.

This can be briefed as similar to that of *ama*, i.e measures of *deepana* and *pachana*, inturn leading to *pakvaavastha*, then performing *shodhana*. But if even after treatment *sheshadoshas* are present – it indicates *Leenadoshaavastha*, again proper *deepana* and *pachana* has to be performed followed by *shodhana*, followed by *rasayana*.

Shodhanangasnehana and *swedana* are performed as preoperative procedures for *shodhana* to bring the *doshas* from *shaka* to *koshta*. It also aids to detach the *Leenadosha* from the *dathus* there by reducing any further occurrence of diseases – relapse. But, if the treatments are not administered properly, it leads to the stagnation of *doshas* (residual *doshas*). This can seed to the *Leenaavastha*, ultimately leading to relapse of the disease^[23].

APPRAISAL :

Leenadosha is a pathological state of concealed existence of *dosha*. It can arise from improper treatment, abstaining from therapy, nature of a disease, cause of a disease and abnormal immunity. Its comprehension is not only cramped to the relapse and remis-

sion of a disease but also the latency and scrupulously even it can be weaned to be an abnormality in cell mediated immunity. Diagnosis of *Leenadosha* is understood through the relapse and remission. The physician should comply with treatments of *ama* followed by *rasayana*.

REFERENCES

1. Monier Williams M. A Sanskrit English Dictionary. 1st ed. Reprint. New Delhi: Bharatiya Granth Niketan Publishers; 2007 .p. 903
2. Vagbhata, Ashtanga Hrudaya with Sarvanga Sundara Commentary, Ed. Acharya H.P, Chaukhambha Orientalia, Varanasi, 2005 (Reprint), Sutra Sthana.8/28: p153
3. Agnivesha, Charaka Samhita with Ayurveda Dipika Commentary, Ed. Acharya Y.T, Chaukhambha Surbharati Prakashan, Varanasi, 2009 (Reprint), Chikitsa Sthana.15/75: p518
4. Susruta, Susruta Samhita with Nibandha Samgraha and Nyayachandrika commentaries, Ed. Vd. Y.T Acharya, Chaukhambha Orientalia, Varanasi, 2009 (Reprint), Uttara Tantra.39/65: p676
5. Ibid
6. Ibid
7. Ibid
8. Agnivesha, Charaka Samhita with Ayurveda Dipika Commentary, Ed. Acharya Y.T, Chaukhambha Surbharati Prakashan, Varanasi, 2009 (Reprint), Chikitsa Sthana.17/77: p536
9. Agnivesha, Charaka Samhita with Ayurveda Dipika Commentary, Ed. Acharya Y.T, Chaukhambha Surbharati Prakashan, Varanasi, 2009 (Reprint), Chikitsa Sthana.15/75: p518
10. Vagbhata, Ashtanga Hrudaya with Sarvanga Sundara Commentary, Ed. Acharya H.P, Chaukhambha Orientalia, Varanasi, 2005 (Reprint), Sutra Sthana.8/28: p153
11. Ayurveda Dipika on Agnivesha, Charaka Samhita with Ayurveda Dipika Commentary, Ed. Acharya Y.T, Chaukhambha Surbharati Prakashan, Varanasi, 2009 (Reprint), Nidana Sthana.8/4: p226
12. Agnivesha, Charaka Samhita with Ayurveda Dipika Commentary, Ed. Acharya Y.T, Chaukhambha Surbharati Prakashan, Varanasi, 2009 (Reprint), Sutra Sthana.20/20: p115
13. Agnivesha, Charaka Samhita with Ayurveda Dipika Commentary, Ed. Acharya Y.T, Chaukhambha Surbharati Prakashan, Varanasi, 2009 (Reprint), Nidana Sthana.1/28: p201
14. Agnivesha, Charaka Samhita with Ayurveda Dipika Commentary, Ed. Acharya Y.T, Chaukhambha Surbharati Prakashan, Varanasi, 2009 (Reprint), Chikitsa Sthana.17/77: p536
15. Agnivesha, Charaka Samhita with Ayurveda Dipika Commentary, Ed. Acharya Y.T, Chaukhambha Surbharati Prakashan, Varanasi, 2009 (Reprint), Chikitsa Sthana.15/75: p518
16. Vagbhata, Ashtanga Hrudaya with Sarvanga Sundara Commentary, Ed. Acharya H.P, Chaukhambha Orientalia, Varanasi, 2005 (Reprint), Sutra Sthana.8/28: p153
17. Ayurveda Dipika on Agnivesha, Charaka Samhita with Ayurveda Dipika Commentary, Ed. Acharya Y.T, Chaukhamb-

- haSurbharatiPrakashan, Varanasi, 2009 (Reprint), Nidana Sthana.8/4: p226
18. Eugene Braunwald, Stephen L. Hauser, Anthony S. Fauci, Dan L. Longo, Dennis L. Kasper, J. Larry Jameson, Editors. Harrison's Principles of Internal Medicine 15thed. The McGraw – Hill Companies; 2001, Vol1, Ch 214. Malaria and Babesiosi; Diseases caused by Red Blood Cell parasites by Nicholas J. White, Joel G. Breman. Malaria, Etiology and Pathology.p.1203
 19. Douglas M. Anderson, Patricia D. Novak, Lexicographers. Dorland's Illustrated Medical Dictionary 30th ed.Philadelphia Saunders and company, p1001
 20. Agnivesha, CharakaSamhita with Ayurveda Dipika Commentary, Ed. Acharya Y.T, ChaukhambhaSurbharatiPrakashan, Varanasi, 2009 (Reprint), Chikitsa Sthana.3/333,343: p427
 21. Eugene Braunwald, Stephen L. Hauser, Anthony S. Fauci, Dan L. Longo, Dennis L. Kasper, J. Larry Jameson, Editors. Harrison's Principles of Internal Medicine 15thed. The McGraw – Hill Companies; 2001, Vol1, Ch 183. Varicella – Zoster Virus Infections by Richard J. Whitey, Pathology.p.1107
 22. Vagbhata, AshtangaHrudaya with SarvangaSundara Commentary, Ed. Acharya H.P, ChaukhambhaOrientalia, Varanasi, 2005 (Reprint), Sutra Sthana.13/28: p217
 23. Susruta, SusrutaSamhita with Nibandha-Samgraha and Nyayachandrika commentaries, Ed. Vd. Y.T Acharya, ChaukhambhaOrientalia, Varanasi, 2009 (Reprint), Chikitsa Sthana.33/40: p520
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