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. Vyadhisamkara is Kruçchratama (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 samsthabhyo shoola anaaha adhmaanaadi janayet [3]. So, if the given treatment is not shuddha(proper), it will lead to vyadhisankara.

b. Anyonyasambhvaat- 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 nidanaarthakara 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 *ekaarthakari*.

**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 \[^4\]. *Upadravas* 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 *upadravas* are much more troublesome as they appear in a diseased body \[^4\]. There is mention exclusive treatment for *upadravas*. When they are severe *upadravas* 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 aparishuddhatwa” concept of Vyadhi sankara**

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

  *Kaphapradhanaan utklishtaan 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 *utkliśhta* 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 (metalolising), then it will lead to Galagraha, pootinas, moorcha, aruci jwara and so on.

In visarpa (erysepalis), intake of medicated ghee in bahudosha stag 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 nidanartakara 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, nidanas 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 dushti or adhishtana then concept of nidanarthakara roga is to be considered.

02) Arshebhyo 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\textsuperscript{[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(cause) 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\textsuperscript{[11]} but again only in the presence of sahakari bhava (conducive 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\textsuperscript{[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\textsuperscript{[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 / conducive 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 / conducive 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 dushta 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 *aparishuddha chikitsa* 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 dieases (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 ekarthakaarium can be equated to nidanarthakara roga and ubhayarthakaarium 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 nidanarthakaratwa or as a result of upadrava. Differentiating these two concepts gives clarity in planning right line of treatment for faster and better cure.

REFERENCES

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