

**NIJA AND AGANTU VYADHI: CONCEPTUAL FRAMEWORK AND CLINICAL
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ABSTRACT

Ayurveda, the ancient Indian system of medicine, classifies diseases (*Vyadhi*) based on their etiological origins into *Nija* (endogenous) and *Agantuja* (exogenous). This fundamental distinction underpins Ayurvedic diagnosis, pathogenesis, and therapeutic strategies. *Nija Vyadhis* arise primarily from internal imbalances of the bodily humors (*Doshas*), while *Agantuja Vyadhi's* are initiated by external factors.^[1] This article delves into the classical conceptualization of *Nija* and *Agantuja Vyadhi*, drawing from authoritative Ayurvedic texts. It explores their distinct etiological factors (*Nidana*), pathogenic pathways (*Samprapti*), and characteristic manifestations. Crucially, the article examines the interplay (*Anubandha*) between these two categories, where one can lead to or complicate the other. The clinical relevance of this classification is highlighted through its impact on treatment principles (*Chikitsa*), demonstrating how understanding the *Nija* or *Agantuja* nature of a disease, and any subsequent *Dosha* involvement, dictates specific therapeutic interventions. This conceptual framework remains profoundly relevant for Ayurvedic practice, offering a nuanced approach to personalized patient care.

KEYWORDS: *Nija Vyadhi*, *Agantuja Vyadhi*, Ayurveda, Etiology, *Nidana*, *Samprapti*, *Chikitsa*, *Dosha*, Clinical Practice.

INTRODUCTION

Ayurveda views health as a state of equilibrium and disease (*Vyadhi*) as a disruption of this balance.^[2] A cornerstone of Ayurvedic pathology is the classification of diseases based on their primary causative factors. Classical texts categorize diseases into two primary types: *Nija* (endogenous), *Agantuja* (exogenous). *Nija Vyadhis* are defined as those arising from imbalances of the bodily *Doshas* (*Vata*, *Pitta*, *Kapha*). *Agantuja Vyadhi's* originate from external factors such as organisms, poisons, air, fire, and trauma.^[1] *Manasa Vyadhi's* are described as resulting from the non-attainment of desired things or the attainment of undesirable things. Indeed, mental states (*Manasika Bhavas*) like excessive desire (*Kama*) can also be considered under *Agantuja* causes, leading to the fourfold classification based on the primary trigger.^[3] This article aims to explore the concepts of *Nija* and *Agantuja Vyadhi*, their distinct etiologies, pathogenesis, and particularly, their profound relevance in guiding clinical diagnosis and management in Ayurveda.

AIMS AND OBJECTIVES

This article aims to examine the conceptual and clinical relevance of *Nija* and *Agantuka Vyadhi*, outlining their distinct etiological and pathogenic features while emphasizing their interplay in disease progression. It further seeks to illustrate these principles through clinical examples and highlight their importance in guiding accurate diagnosis, prognosis, and effective treatment planning in Ayurveda.

METHODOLOGY

A qualitative literary review approach was adopted to explore the concepts of *Nija* and *Agantuka Vyadhi*. Primary Ayurvedic texts including *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, and *Madhava Nidana* were examined to identify references related to etiological factors (*Nidana*), disease pathways (*Samprapti*), and management principles (*Chikitsa*). Relevant commentaries were consulted to support interpretation. The data were thematically analyzed to understand the distinction and interplay between *Nija* and *Agantuka Vyadhi*. Clinical illustrations such as *Shopha*, *Vrana*, *Shwasa*, *Vatarakta*, and *Pratishyaya* were incorporated to demonstrate practical application.

The synthesis was structured according to standard scientific writing guidelines for clarity and academic rigor.

DISCUSSION

Nija Vyadhi: *Nija* word means innate, native, congenial. *Nija Vyadhi's* are primarily understood as originating from imbalances within the bodily *Doshas*. These imbalances are typically triggered by inappropriate *Ahara* (diet), *Vihara* (lifestyle)^[4] leading to the classic six stages of pathogenesis (*Kriyakala or Samprapti*).

Agantuja Vyadhi: *Agantu* word means anything added or adhering, arising accidentally or casually. *Agantuja Vyadhi's* are defined as those caused by various external agents including *manasika karanas*.

General Etiological Factors (Nidana) of Nija and Agantuja Vyadhi

While *Nija* and *Agantuja Vyadhi's* have distinct primary origins, but in classical texts outline three common provocative factors (*Prerana* or *Pravritti Karana*) that can underpin both.^[5]

These are.

Asatmendriyartha Samyoga: Unwholesome or improper conjunction of the senses (*Indriya*) with their objects (*Artha*), such as excessive exposure to loud noise, bright light, or consuming incompatible foods.

Prajnaparadha: Intellectual error or volitional transgression, which involves knowingly engaging in unhealthy habits or suppressing natural bodily urges.

Parinama: The transformative effects of time, seasonal changes, and the natural aging process.

Vishesha Nidana (Specific Causes) for Agantuja Vyadhi

Agantuja Jvara (Exogenous Fever): It is described that though the specific causes may vary, *Agantuja Jvara* initially presents with *Vyatha* (pain or discomfort). Specific emotional triggers like desire (*Kama*), grief (*Shoka*), and fear (*Bhaya*) are mentioned, which then lead to the involvement of *Vata* and other *Dosha's*.^[6]

Agantuja Unmada (Exogenous Psychosis): *Unmada*, characterized by a derangement of intellect (*Buddhi*), mind (*Manas*), and memory (*Smriti*), can be of *Nija* or *Agantuja* origin.^[7] *Agantuja* causes include afflictions by what were historically termed supernatural entities (which can be interpreted in modern contexts as severe psychological trauma or potent microbial influences) and misconduct related to vows, rituals, or actions from a past life.

Agantuja Shotha (Exogenous Swelling): Numerous external causes for swelling are listed, including various forms of trauma like incision, excision, crushing, impact, and strangulation. Contact with irritant plants (e. g.,

Bhallataka, *Atmagupta*), insect bites, animal bites or stings, and exposure to marine toxins, extreme cold, or fire are also cited as causes for *Agantuja Shotha*.^[8]

Agantu and Nija vyadhi relation

The interrelation between endogenous (*Nija*) and exogenous (*agantuka*) disorders is an essential principle in Ayurvedic pathology. *Nija* disorders originate from internal causes, specifically the imbalance of *Vata*, *Pitta*, and *Kapha*, whereas *agantuka* disorders arise from external agencies such as trauma, injury, or possession by extraneous factors. Importantly, these two are not mutually exclusive; they may follow or accompany one another. For example, in a doshaja fever or insanity, external agencies may later supervene, while in conditions initially caused by trauma or external entities, doshic involvement subsequently manifests, giving rise to characteristic features of *Vata*, *Pitta*, or *Kapha*. This indicates that even in *agantuka* conditions, the participation of *doshas* is inevitable, although they may or may not display their complete symptomatic expression. Hence, the presence, balance, or disturbance of doshas ultimately determines the clinical picture, progression, and treatment strategy. Recognition of *prakrti* (primary cause) and *anubandha* (secondary association) is therefore crucial in understanding the dominance of either internal or external factors in disease.^[9] This perspective highlights the centrality of the doshas, for whether a disorder is *Nija* or *agantuka*, its evolution and management remain inseparably linked to doshic involvement.

The general samprapti of Nija and Agantu

Agantuja Vyadhi: The sequence typically begins with the *Nidana* (External Cause), leading directly to *Vyatha* (Pain/Initial Lesion), which is then followed by *Paschat Doshadi Vaishamya* (Secondary Dosha Imbalance).^[10]

Nija Vyadhi: The sequence starts with *Nidana* (Internal Causes), which first lead to *Purva Doshadi Vaishamya* (Primary Dosha Imbalance), and subsequently to *Vyatha/Lakshana* (Pain/Symptoms).^[10]

Clinical understanding

Nija and *Agantu* two factors do not operate in isolation. An existing *Nija dosha* (imbalanced state) can make an individual more susceptible to *Agantu* (external factor). Conversely, an external injury (*Agantu*) can exacerbate an underlying internal imbalance (*Nija*). So the *Agantu vyadhi* to be manifest in body there should be a pre-existing imbalanced *Nija dosha*.^[10]

So clinically we can understand *vyadhi's* as: In diagnosis and treatment.

1. *Nija dosha* present in *sharira* but in *avridha avastha* and *Agantu* inflicted
2. *Kupitha dosha* present in *sharira* (*pravridha dosha Avastha*) and *Agantu* afflicted

NIJA DOSHA IN AVRIDHA AVASTHA, AGANTU INFLICTED

Example in *agantu shopha* which has manifested due to *nidanas* like stabbing etc. Will affect the body in form of injury, so due to the *chedana*, *bhedanadi nidana* initially *vyatha* (pain, injury) will be observed and later part *doshaja* involvement can be observed when they exhibit *doshaja lakshana* like *shyama aruna varna*, *chala*, *spandana*, *khara*, *parusha* etc. when *vata dosha* involved.

But in this condition, where the *Nija dosha* which are in *alpa vridha Avastha* the process of *vyadhi shamana* and *chikitsa* will be very quick, and not more efforts needed to treat *Agantu shotha* in kind of *sharira* where *dosha* are in *avridha\kinchith vridha Avastha*. The measures like *bandhana*, *agadhalepa*, *Pratapa*, *nirvapana* such *upakramas* are sufficient to cure *Agantu shopha*.^[11]

NIJA DOSHA IN PRAVRIDHA AVASTHA AGANTU INFLICTED

Due to *agantu nidana shopha* occurs in the *sharira* where the *Nija dosha* are in the *pravridha Avastha*, so in this condition the *vyadhi* manifest in a severe manner, affects the *sharira* in larger extent, exhibits more *doshaja lakshana* and treating of *Agantu shopha* in this kind of *sharira* where *pravridha dosha* present is difficult. If measures like *bandhana*, *agadhalepa*, *Pratapa*, *nirvapana* are not effective in alleviating *agantu shopha* then one has to consider the extent of *dosha* afflicted is severe and treatment plan of *Nija shotha chikitsa* has to be followed, this principle is described in treatment of *Agantuja vana* afflicted with *pravridha Nija dosha*.^[12]

PLANNING OF CHIKITSA IN NIJA AND AGANTUJA VYADHI

Treatment protocol mainly falls under two category of *samprapti*, and selection of appropriate *kriya*(procedure) is based on these.

In case of *prakrita sharira* where *dosha* is not in *vridha Avastha*, in such case if person afflicted\injured then the treatment will be easy and it can be cured early, in these conditions (*hetu-ushadhha vishistha*)specific causes and their specific treatment has to be provided.

For example

Case 1- Shopha

Person in whom *dosha* are in *prakritha avastha* get afflicted with *Agantuja shopha*, the *bahya chikitsa* like *mantra*, *parisheka* and other procedures can be sufficient in curing *Agantu shopha*.

Case 2- Vrana

Agantuja Vrana, caused by factors like stabbing, pressure, falls, bites, or contact with toxins, fire, or weapons, are initially treated with therapies specific to the cause, such as *Mantras*, *Agada* (anti-toxic formulations), and *Lepa* (poultices).

In same *Agantu shopha* or *agantha vana* condition but occurs in the person in whom *sharirika doshas* are in *pravrudha Avastha* then the plan of treatment as to be changed. Acharya gives an ideology of *chikitsa* in such scenarios as if an *Agantuja Vana* with underlying *pravridha Nija dosha* does not heal with these initial measures, the physician is advised to treat it as a *Nija Vrana*, taking into account the strength and nature of the involved *Doshas*, thereby acknowledging the *Nija Anubandha*.^[12] And in these case the underlying *pravridha dosha* has to be focused hence *shodhana* therapies like *vamana*, *virechana*, *rakthamokshana* and *basti* should be chosen based on the *roga* and *rogi bala*. Followed by this *shamana* and *bahya chikitsa* can be administered.

Case 3- shwasa

In a normal person with balanced *dosha*, exposure to dust or smoke usually produces only mild and temporary irritation^[13], such as slight cough or discomfort in breathing, which subsides quickly once the cause is removed. Since the *doshas* are not aggravated, the disease process does not advance further and simple measures like fresh air or warm water are sufficient.

However, in a person already suffering from *kapha vridhhi* or prone to *Nija vyadhi* like *Shwasa*, the same exposure acts as a strong provoking factor. If affected, symptoms such as heaviness of throat and chest, astringent taste in the mouth, hiccups, abdominal distension, flatulence, pain in the flanks, pressure in the heart region, and reversal of normal breath movement (breathlessness) may be observed. These indicate the progression into full-blown *Shwasa roga*. Thus, while a healthy person experiences only transient irritation, a *kapha-predominant* individual develops severe and recurrent *Shwasa* requiring comprehensive treatment including *shodhana*, *shamana* with *shwasahara* drugs, and strict *pathya-apathya* regulation.

Case 4- vata rakta

In a healthy individual, trauma to the joints may act as an *Agantuka* trigger producing only transient pain and swelling^[14], limited to mild inflammatory changes. In contrast, in a person predisposed with *Rakta* and *Vata dushti*, the same insult manifests with severe burning, discoloration, pain, and stiffness, characteristic of *Vatarakta*. This progression occurs as the preexisting *Rakta* vitiation and obstructed *Vata* interact with the external *nidana*, resulting in the development of full-fledged disease.

Case 5- Prathishyaya

Exposure to dust or cold may initially manifest as an *Agantuka* response producing only transient nasal irritation in a healthy individual.^[15] However, in a person with underlying *dosha* vitiation, the same external factor precipitates *Nija* pathology, leading to persistent symptoms such as headache, fever, and chronic nasal discharge.

CONCLUSION

The distinction between *Nija* and *Agantuja Vyadhi* provides a comprehensive framework for understanding the genesis, progression, and treatment of diseases in Ayurveda. While *Agantuja* disorders originate from external factors and often present as acute or transient, their interaction with pre-existing *Nija dosha* vitiation can transform them into chronic and complex conditions. Through clinical illustrations such as *Shopha*, *Vrana*, *Shwasa*, *Vatarakta*, and *Pratishyaya*, this article highlights how the interplay of *Nija* and *Agantuja* factors determines disease expression, severity, and therapeutic approach. Recognizing this dynamic relationship is essential for accurate diagnosis, individualized treatment, and prevention of chronicity. This integrated understanding reaffirms the centrality of dosha assessment in Ayurvedic practice and supports the application of classical principles to contemporary clinical care.

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