

AN AYUERVEDIC PERSPECTIVE OF COVID 19 WITH SPECIAL REFERENCE TO ITS
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Article Received on 26/04/2022

Article Revised on 16/05/2022

Article Accepted on 05/06/2022

ABSTRACT

Covid 19 has become a challenge for survival of every human being living on this planet. It's a pandemic disorder which has ruin the persons health physically as well as mentally. As per *Acharya shustruts* definition of *swastha*, no one is *swastha* in this pandemic. *Janpadadhwansa* concept of *Acharya charak* make us understand the pathogenesis of pandemic covid19 evidently. Vitiation in four essential factors like *vayu* (air) *jala*(water), *desh* (land) and *kaal* (season) plays a important role in causing disease among people on large scale which is termed as *Janpadadhwansa* or pandemic. The aim of this article is to put together the information given in Ayurveda to learn the disease Covid 19. The ayurvedic pathophysiology of covid 19 disease can be better understood by its *nidaanpanchak*. By knowing the *nidaanpanchak* of the disease we can prevent and cure the disease by *nidaan parivarjana* and break the pathophysiology that is *samprapti vighatan*. In the prevention and management of covid-19 scientists are proposing need of Ayurveda.

KEYWORDS: *Ayurvedic pathophysiology swastha, janpadadhwansa, swasta.*

INTRODUCTION

Covid 19 was first introduced in 1960 amongst the children. In 2003 five more types of corona virus had been introduced. Initially it was known as SARS (Severe Acute Respiratory Syndrome – Corona virus). In 2019 it was reintroduced in 'Wuhan city of China' and since then it has been spreading worldwide. Covid 19 has been declared a public health emergency by W.H.O. It is a contagious respiratory and vascular disease, caused by SARS coronavirus 2.^[1] It include general symptoms like fever, cough, fatigue, shortness of breath and there are varying percentages of symptomatic and asymptomatic patients. The *Charak* concept of *Janapadodhwansa*.^[2] and *Sushruta* concept of *Aupsargika Roga*.^[3] are well explained in Ayurveda.

In *Charak Samhita chikitsa* than third chapter it is said that the aggravated dosha circulate through the channels carrying rasa and spread all over the body and get stagnated, causes *Santat jwar*.^[4] This *santat jwar* is extremely difficult to treat and manifests its symptoms very quickly. In this type the patient either gets cured or killed on the 10th, 12th, or 7th day. Therefore we can corelate covid-19 with *santat jwar*. *Sntat jwar* is type of *visham jwar* and according to *Charak* all *visham jwar* are *tridoshaj*.^[5] In covid-19 initially we see the syptoms of *vata-kaphaj jwar* and on later stage it involves *pitta dosha*

also. It was in common observation that people who were in their *vrudhaawastha*, or with other comorbidity or low *vyadhishamatva* (immunity) most prone to COVID -19.^[6]

Nidana panchaka of COVID - 19 pathophysiology of COVID-19**1. Nidana (Etiology)**

As the disease is as communicable disease which can be transmitted through exposure to infected person. *Acharya Shushruta* described it as *Anupsargika nidana* as stated above, and classified as *agantuja nidaana* in Ayurveda.

2. Purvaroop (Prodromal Symptoms)

The symptoms of COVID 19 Infection appear after an incubation period of approximately 5.2 days. Since fever and cough is the most common symptom of covid 19, presentation of symptoms without fever and symptoms arising before cough can be considered as prodromal symptoms. It was found that patients of covid 19 were asymptomatic but still shows prodromal symptoms like restlessness, tiredness, throat irritation, anorexia, sensation of smell and taste can be included as the prodromal symptoms of disease.

3. Rupa (clinical symptomatology)

Jwara, kasa and shortness of breath (swastha) are the most commonly reported symptoms of disease which points to *Vatakapha* dominance.

Depending upon the severity and immunity of patient one can classify this disease into Asymptomatic, Mild, Moderate and Severe.

4. Upshaya

The type of *ahara*, *vihara*, *aushadh* which help in making person rid of this disease which is also favorable for immunity of an individual comes under the term *upshaya*.^[7] apart from upshaya, anupshaya that is exposure to infected areas any *Ahara-vihara* which is not favorable to individuals health should be avoided.

5. Samprapti (pathogenesis)

As mentioned earlier, it is a *Aguntaja bhuabhisangaja vyadhi*, as it started with exposure to infection SARS – COV -2 and have adverse effect on *Rasavahastrotas* and *Pranavahastrotas* and manifest as *jwara* cough (kasa), difficulty in breathing (swasa). Not treated at proper time can lead to vitiation of other strotas. The presentation of symptoms are closely related to *vatakaphaj jawara*.

6. Complications (upadrava)

As the imbalance doshas involved in the strotas like *pranvaha strotas* and *rasavaha strotas*, persons immunity is completely hampered, studies reveals the post covid complications such as fatigue, body pains ,dyspnea ,anxiety , systems of body do show weakness like the cardiac post covid 19 manifestations include myocarditis, arrthmia, and ischemia while the most common pulmonary complications are pneumonia , pulmonary effusion. Gullian – barre syndrome, encephalitis, polyneuropathy, depressive syndrome and delirium as neuroshyciatric manifestations.

DISCUSSION

On the basis of review of classical *Ayuurvedic* literature, COVID 19 can be considered as an *upsargjanyaagantujavyadhi* as the causative factors of the disease dueto varaiability in clinical presentation of disease and fever and cough as the commonest reported symptoms it can be understand as *vatakaphapradhanasannipatajvyadhi* with *pittajaanubhanda*, which primarily affects the *pranavaha* and *rasavahastrotas*.^[8,9] On the basis of classical and modern review the pathological factors can be considrerred as following.

Sampraptighatak

Dosha – tridoshajavatakaphapradhana pitta anubandh.
Dushya- rasa and other dhatus in the later stages of the disease.

Vyadhiswabhhawa – ashukari, atyayik (acute)
Strotasrasavaha and pranavahastrotas in early stage and later on involvement of other

strotasstrotodustiprakara – vimargagaman sanga atipravritti.

Agni – vishmagni

Adishthansa -pranavahastotas and later sarvasharrera.

CONCLUSION

Direct references of Pandemic and epidemic diseases are not mentioned by their names in *Ayurveda*. *Anukta Vyadhi* is a well-known term in *Ayurveda* for understanding new disease. COVID 19 is not directly mentioned in *Ayurveda*. But it can be compared with *Janapadodhvansa*, *Maraka* and *AupsargikaVyadhi* (diseases). Principles given in these diseases can be applied to prevent and cure these diseases.

REFERENCES

1. Joshi Y., Vimansthana, Janapadodhvansaniya Vimana, Charak Samhita Pune: India Vaidyamitra Prakashan, 2013; 515.
2. Shastri A. Sutrasthana Rtucharya Sushrut Samhita Varanasi India Chaukhamba Publication, 2015; 27.
3. Joshi Y. Vimansthana, Janapadodhvansaniya Vimana, Charak Samhita Pune: India Vaidyamitra Prakashan, 2013; 13: 518.
4. Joshi Y. Sutrasthana Matrashitiya Charak Samhita Pune: India VaidyamitraPrakashan, 2013; 78.
5. Joshi Y. Sutrasthana Tasyashitiya Charak Samhita Pune: India VaidyamitraPrakashan, 2013; 97. ISSN: 2320-5407 Int. J. Adv. Res., 8(07): 786-789 789.
6. Shastri A. Nidansthana, Kushthanidana, Sushrut Samhita. Varanasi India ChaukhambaPublication, 2015; 32,33 325.
7. Kale V., Chikitsasthana Jwarachikitsadhyaya Charak Samhita Vol. 2. Delhi ChaukhambaSanskrit Pratishtana, 2014; 69.
8. Shastri A. Sutrasthana Rutucharya Sushrut Samhita Varanasi India Chaukhamba Publication, 2015; 22; 30.
9. Joshi Y. Vimansthana, Janapadodhvansaniya Vimana, Charak Samhita Pune: India Vaidyamitra Prakashan, 2013; 20; 519.