



Evaluation of Vyadhi and its classification in COVID-19 disaster affected population: A survey study

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Abstract

Introduction: The coronavirus disease 2019 (COVID-19) pandemic has posed an unprecedented challenge to the people and governments of every country in a very short period since its emergence in Wuhan, China, in December 2019. The first case of COVID-19 in India was reported on 30 January 2020 in the state of Kerala. The disease is defined as a state in which both the body and mind are subject to pain and misery. It can be classified in various types. Diseases are classified according to need of treatment, causative factor, prognosis etc. There is lacuna of research in ayurveda for the management of diseases due to disaster so, the classification of Vyādhi is an essential for understanding of the disease due to disaster, and it is a prerequisite factor for management of such incidences.

Objective: To enlist the prevalent Vyadhi observed under epidemic i.e., COVID-19 disaster in order to classify them under different Vyadhi vargikarana.

Materials and Methods: Mysore City of Karnataka State was selected for the survey of COVID-19 Disaster. The place was visited and sample of 100 affected people of 60 affected families was surveyed by using the special case proforma.

Results: Sharirika-Manasika, Agantuja, Koshagata, Sannipataja, Daruna and Kricchasadhya Vyadhi are highly significant ($p = .001$). Shoka, Bhaya and Chittotdvega are highly significant ($p = .001$), Followed by Chinta is significant ($p = .003$).

Keywords: Disaster, COVID-19, vyadhi vargikarana

Introduction

Ayurveda believes that “Rōgamādau parīkṣēta tatō'nantaramauśadham” A wise physician should examine the distinctive features of the disease beforehand and then treatment should be started only if the disease is curable ^[1]. The disease is defined as a state in which both the body and mind are subject to pain and misery ^[2]. It can be classified in various types. Diseases are classified according to need of treatment, causative factor, prognosis etc. like, Śārīrā (Physical) - Mānasika (Mental) ^[3], Nija (Endogenous disease)- Āgantuja (Exogenous disease) ^[4], Sādhya (Curable)- Asādhya (Incurable) ^[5] and so on. A wise physician with his Yukti can further classify the disease in many ways ^[6]. It is noticeable that Ayurveda refers that the “Samprāpti Vighatana” is the Cikitsā, so, for Samprāpti Vighatana it is necessary to understand the Vyādhi and its classification in relation to diseases caused by disasters. According to NIDM defines, disasters are often described as a result of the combination, the exposure to the hazard, the condition of vulnerability that are present, insufficient capacity or measures to reduce or cope with potential negative consequences, disaster impacts may include injury, disease and other negative effect on human physical mental & social well-being together with damage to property, destruction of assets, loss of services, social & economic disruption & environmental

degradation [7]. Because, the coronavirus disease 2019 (COVID-19) pandemic has posed an unprecedented challenge to the people and governments of every country in a very short period since its emergence in Wuhan, China, in December 2019.

The first case of COVID-19 in India was reported on 30 January 2020 in the state of Kerala. There is lacuna of research in Ayurveda for the management of diseases due to disaster so, the classification of Vyādhi is an essential for understanding of the disease due to disaster, and it is a prerequisite factor for management of such incidences. In any disasters occurrence there will be definite role & contribution from the different professions or authorities of society, there is only minimum contribution from Ayush. Hence, this work has been taken to analyse the Vyādhi and its classification in disaster affected people for the welfare of the society.

Objectives

To enlist the prevalent Vyadhi observed Under COVID-19 disaster in order to classify them under different Vyadhi Vargikarana.

Materials and Methods

It is a Retrospective Observational Study which is a Collaboration work with Administrative Training Institute Mysore in which 100 subjects were selected for the evaluation of Vyādhi in epidemic disaster affected people. Mysore City of Karnataka State was selected for the survey of COVID-19 Disaster. The place was visited and sample of 100 affected people of 60 affected families was surveyed by using the special case proforma. Analysis of Data was by using Frequency, percentage and Chi square statistical tests.

Results

What is already known on this subject?

- No Information available regarding this subject.

What this study adds

- Prevalent Vyadhi in COVID-19 affected people.
- Provides classification of each observed vyadhi in order to plan the appropriate treatment modalities.

Criteria for the classification of Vyadhi

The observed diseases have been subjected to information (Guidelines for Vyadhi Vargikarana) available in Ayurvedic lexicons in order to classify them under each classification.

Observations

Demographic data

Among the 100 COVID-19 affected people, maximum number i.e., 52.0 % were Male, and 48.0 % were Female. Maximum number of people i.e., 51.0 % belonged to the age group of below 30 years, followed by the 44.0% belonged to the age group of 30 – 60 years and 5.0% belonged to the age group of Above 60 years. Maximum number of people i.e., 63.0 % belonged to the Middle class Followed by 21.0 % belonged to the Upper class and Minimum 16.0 % belonged to the lower class.

Vyadhi

It is found that among 100 COVID-19 affected people, 37 (37.0 %), 28 (28.0 %), 35 (35.0 %), 30 (30.0 %) and 26 (26.0 %) were having Krōdha, Śōka, Cintā, Bhaya and Cittōdvēga respectively.

Among 100 COVID-19 affected people, 63 (21.5 %), 48 (16.4 %), 78 (26.6 %), 45 (15.3 %) and 59 (20.1 %) were suffering from Cough, Fever, Sore throat, LOS / LOT and Headache respectively.

Illustration-1: Symptoms observed in Covid-19.

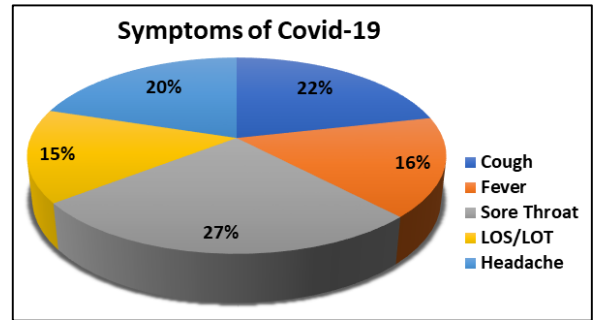


Fig 1

Among 100 COVID-19 affected people, 14 (17.3 %), 13 (16.0 %), 15 (18.6 %), 11 (13.6 %), 4 (5.0 %), 17 (21.0 %) and 7 (9.0 %) were having Gastritis, Joint pain, Headache, Fatigue, Hair fall, Diabetes and Skin Diseases respectively.

Illustration-2: Upadrava observed in Covid-19

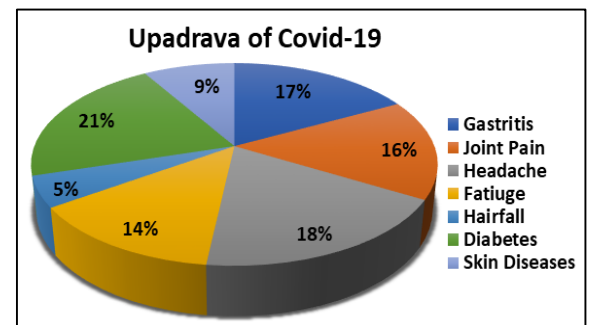


Fig 2

Result on Vyādhi Vargīkaraṇa

Table 1: Distribution of Vargīkaraṇa in relation with COVID-19 Disaster

Vyadhi Vargikarana		Percentage
Based on Adhithana [8]	Saririka	18.0 %
	Manasika	0.0 %
	Saririka - Manasika	82.0 %
Based on Nimitta [9]	Nija	0.0 %
	Agantuja	100.0 %
Based on Rogamarga [10]	Shakhagata	0.0 %
	Koshthagata	100.0 %
	Marmagata	0.0 %
Based on Dosha [11]	Vataja	0.0 %
	Pittaja	0.0 %
	Kaphaja	0.0 %
	Dwandvaja	16.0 %
	Sannipataja	84.0 %
Based on Bala [12]	Mrudu	11.0 %
	Daruna	89.0 %
Based on Sadhyasadhyata [13]	Sukhasadhya	11.0 %
	Kricchasadhya	89.0 %
	Yapya	0.0 %
	Pratyakheya	0.0 %

Results

Under Manasika Bhavas - Shoka, Bhaya and Chittotdvega are highly significant ($p = .001$), Followed by Chinta is significant ($p = .003$).

In Vyadhi classification - Sharirika-Manasika, Agantuja, Kosthagata, Sannipataja, Daruna and Kricchasadhya are highly significant ($p = .001$).

Discussion

Discussion has been done on Vyādhi Vargikarāṇa in relation with COVID-19 disaster riveting over range of observed data by highlighting the role of disaster management cycle.

Based on Adhiṣṭhāna (Śārīrika, Mānasika Śārīrika - Mānasika)

Observed Data shows that there is more chance of getting Śārīrika - Mānasika type of Vyādhi compare to Śārīrika and No Mānasika vyadhi has been observed. Therefore, the treatment modalities pertaining to Śārīrika along with Dhī, Dhṛti, Atmādivijñāna Ādi will be countable in the preparedness as well recovery stage of disaster management.

Based on Nimitta (Nija & Āgantuja)

Observed data shows that Agantuja type of Vyadhi are more prevalent. Therefore, the treatment modalities pertaining to Agantuja Vyadhi will be countable in the preparedness as well recovery stage of disaster management.

Based on Rōgamārga (Śākhāgata, Kōṣḍhagata and Marmagata)

Observed data shows that Kōṣḍhagata vyadhi are more prevalent. Therefore, the treatment modalities pertaining to Kōṣḍhagata Vyādhi will be countable in the preparedness as well recovery stage of disaster management.

Based on Dōṣaja

Observed data shows that there is high tendency of getting Sannipātaja type of Vyādhi compare to Dwandvaja. Therefore, the treatment modalities pertaining to Sannipātaja & Dwandvaja Vyadhi will be countable in the preparedness as well recovery stage of disaster management.

Based on Bala (Mr̥du & Dāruṇa)

With the help of current data, it can be concluded that there is more chance of getting Dāruṇa types of Vyādhi compare to Mr̥du. Therefore, the treatment modalities pertaining to Dāruṇa Vyādhi will be countable in the preparedness as well recovery stage of disaster management.

Based on Sādhyāsādhyatā (Sukhasādhyā, Kricchasādhyā and Yāpya)

Observed data shows that affected People are more vulnerable to fall under Kricchasādhyā category compare to Sukhasādhyā category. Therefore, the treatment modalities pertaining to Kricchasādhyā Vyādhi will be countable in the preparedness as well recovery stage of disaster management. Thereby, arrest the process of disease transformation from one stage to other.

Conclusion

Understanding the concept comprehensively and situational analysis of the same is the only way to cope such situations. The same has been understood fully by our acharyas, which is very much evident in present era also. There is extensive classification of the diseases in the Ayurvedic classics. The

logic behind the classification is to be explored for the better understanding the aim of science. A different kind of treatment modalities has been designed and the knowledge regarding Vyādhi Vargikarāṇa will provide a bridge through which one can achieve the same. In present study, the attempt has been made to understand the concept of Vyādhi & its Vargikarāṇa with new impression i.e., disaster for advancement of community. The observed Mānasika bhāvās in range between 25.0% - 37.0% are Cittōdvēga, Śōka, Bhaya, Cintā and Krōdha. This suggests that the chance of getting above mentioned Bhāvās are more. During observation found that people are more vulnerable to Symptoms like Cough, Fever, Sore throat, LOS / LOT and Headache respectively. Sharirika-Manasika, Agantuja, Kosthagata, Sannipataja, Daruna and Kricchasadhya are highly significant ($p = .001$).

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