

**CONCEPT OF SWATANTRA AND PARTANTRA VYADHI IN  
AYURVEDA W.S.R. TO DOSHA PRADHANTA****\*Dr. Aparna Pandey**

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**ABSTRACT**

Man is a composite whole of matter, mind and spirit. He is a part of a much larger universe in which he lives and a creature of a relatively smaller environment surrounding him. The universe and the immediate local environment acts on him as a stressors. He is constantly called upon to adapt in internal(sharir) and external environment and maintaining a steady state equilibrium i.e, dosh-dhatu-mala samyata. According to Su.su.15/3 "dosha dhatu mala mulam hi shariram" means in arogyawastha tridosh, dhatu and mala perform their prakrit karma and hence called moola karan of sharir. This steady state depends upon the equilibrium of three dosha vata, pitta and kaha. They get disturbed due to viruddhahara-vihara and the samyavastha becomes unstable and the inability of man to achieve and maintain his samyavastha initiates

the process of disease.

**KEYWORDS:** Swatantra-partantra vyadhi, anubandhya-anubandha vyadhi, nija- agantuja vyadhi, upadrava, arishta.

**INTRODUCTION**

The vyadhi/disease represents a departure from natural modes of functioning of the body, mind, intellect and special senses.

The term vyadhi has been defined as the state in which both the body and mind are subjected to pain and misery. Shabdashtom mahabodhi has referred it to the mind which is ever anxious to be from pain and misery. According to S.Su.1/21, the joining of dukha to sharira is called

vyadhi. According to Ch.Su. 9/4, dhatuvaishmya called vikara and dhatusamyā is called prakriti.

Paryaya- Vyadhi, amaya, gada, atanka, yakshma, jwara, vikara, rog. (Ch.Ni. 1/5).

### Classification of Vyadhi

According to Ch.su.20/3

- 1) 'rogatwamekavidham ruksamanyat 'I
- 2) chatwaro roga bhawanti - agantu vatashleshma nimittah ||
- 3) 'dwividham punah prakritiresham- agantunijavibhagat ||'
- 4) 'dwividham chaishamadhishthanam- manah sharira visheshat ||'

According to A.H.Su. 12.

Two types of diseases

- 1) Swatantra
- 2) Partantra - \*poorvaja and \*pashchat aja

Three types of diseases:-

- 1) Dushtapcharaja (doshaja)
- 2) Poorvapradhaja (karmaja)
- 3) Dosha- karmaja (sankar)

According to A.H.Su. 22/2- 7 diseases.

-Sahaja Roga, Garbhaja Roga, Jataja Roga, Kalaja Roga, Pidajanya Roga, Prabhavaja roga, Swabhawaja roga.

According to Ch.Su. 11/45.

- 1) Nija, 2) Agantuja, 3) Manas

According to Ch.Su. 20.

- 1) Samanyaja
- 2) Nanatmaja

According to Ch.Vi.- 6/11.

1) Anubandhya (swatantra)

2) Anubandha (par tantra)

According to S.Su. 24.

Seven diseases:- Adibalapravritha, janmabalapravritha, doshabalapravritha, sanghatabalapravritha, kalabalapravritha, daivabalapravritha.

### 1) Anubandhya (swatantra vyadhi, primary disorder)

"Swatanthro vyaktalingo yathokta samutthanprashmo bhawatyanubandhyah ||" Ch.Vi. 6/11.

Anubandhya vyadhi is that which is independent, has etiology and manifestations as described in texts and treated by its own treatment only.

It manifests the symptoms as per the dosha vitiation -- Ekdoshaja, sansargaja and sannipataja. Prakupitastu khalu te prakopanam visheshad dushya visheshachcha vikara visheshanabhi nirvartamantyaparisanthyean || Ch.Vi. 6/7.

After vitiation they produce innumerable different disorders due to different vitiating factors and the dooshya.

#### A) Sharirik vyadhi

Vatapittashleshmanastu khalu sharira doshah ||



"Teshamapi cha vikara jwaratisara shopha - shosha shwasa meha kushtadayah ||"

#### B) Mansika vyadhi

Rajadtamashcha manasau doshau ||



"Tayorvikarah kama krodha lobha - mohershyamana- mada- shok- chittodwega- bhaya- harshadayah ||"

**Mukhya nidana**

"Tatra khalvesham dwayanamapi doshanam trividham prakopanam tadyatha -  
asatmyedriyarthasanyogah, pragyaparadhah, parinamashcheti |"

For both the above doshas (vyadhis) the aggravating factors are Asatmyendriyarthasanyogah, pragyaparadhah and parinamashcheti.

Samano hi rogshabdi dosheshu cha vyadhisu cha | (Ch.Vi. 6/4).

These doshas (sharirik and mansik) are mutually related. They show Anubandha sambandha when vyadhi is long term. It cannot be seen in alpkalik vyadhi. They may be swatantra or partantra as per their pradhanta. Sharirik roga convert into other sharirik or mansik roga and manas roga may convert into other manas or sharirik roga. This is called the Anubandha of sharir and manas dosha (vyadhi). - Ch. Vi. 6/8.

For ex. - Ubhaya ashraya vyadhi -- UNMAAD, APASMAR.

Physician should first treat the Pradhana vyadhi (balwana lakshana/vyadhi).

According to Madhava Nidanam 1/12.

"Swatantryapartantrabhyam vyadheh pradhanyamadishet"

To signify a disease as primary or secondary is Pradhaanyasamprapti.

"Pradhanyam punardoshanam tar-tamabhyaplabhyate |.

Tatra dwayostarah, trishu tama iti ||" (Ch. Ni. 1/11).

Predominance of doshas is known by their relative degrees, comparative degrees is indicated by (the suffix) 'tara' and the superlative one by 'tama'.

For example:- 1) If vata is vitiated first in a disease and later on kapha or pitta is vitiated, then due to earlier vitiation vata is taken as pradhanya.

2) Among all the doshas, the prabala dosha will be taken as pradhana.

3) The disease arising earlier will be taken as pradhana. eg. Kasa after jwara, then jwara will be pradhana.

**Doshabalapravritta vyadhi**

Atanka samutpanna, mithyaaharkritashcha

↓↓

Amashaysamuttha Pakwashayasamuttha

↓↓

Hikka, shwasa Atisara, visuchika

Disturbance in vata, pitta, and kapha takes place as a result of faulty diet and activity.

**Swabhawabalapravritta vyadhi**

"Swabhawabalapravritta ye khut pipasa jara mrityu nidraprabhritayah |" (S.Su. 24/7).

These are natural or habitual diseases.

**Prakkewala vyadhi**

"Prakkewalo nam yah pragevotpanno vyathit poornaroop anupadravashch"

The vyadhi which has developed earlier, without premonitory symptoms and without secondary diseases. In this disease,  $Nidana\ sevana \Rightarrow dosha\ prakopa \Rightarrow vyadhi$  (samanya lakshana yukta, alpaprabhavi nidana  $\Rightarrow$  anupravakari, achirkalanubandhi vyadhi  $\Rightarrow$  shashtrokta chikitsa krama, sukha sadhya.

**Prakrita vyadhi**

The natural vitiation of doshas according to the swabhavika ritu is called prakrita vyadhi.

For ex. Vataja, kaphaja and pittaja jwara in varsha, vasant and sharad ritu respectively.

**Samanyaja vyadhi**

This group of vyadhis caused by ekadoshaja, sansargaja, sannipataja or agantuja nidana.

These are of 48 types. (Ch.Su.20/10, Charakopaskar).

"Samanyaja iti vatadibhih pratyekam militaishch ye janyante |" (Ch.Su.20/10).

**Nanatmaja vyadhi**

"Nanatmaja iti ye vatadibhirdoshantar asampriktairjanyante" (Ch.Su. 20/10, Chakrapani).

The diseases which are caused by independent doshas (definitely caused by any single dosha)

i.e, 80 vataja, 40 pittaja and 20 kaphaja vyadhi.

**Nidanarthakara vyadhi**

"nidanarthakaro rogo rogasyapyuplabhyate". Ch.Ni. 8/16.

As-" santap of jwara causes raktpitta"

Disease is also observed as serving the purpose of etiology in respect of another disease.

Initially they are only disorders, and later on serve as etiological factors.

**These are of Two Types**

<b>Ekarthakari vyadhi</b>	<b>Ubhayarthakari vyadhi</b>
Some diseases subside after causing a new disorder.	They acts as disease as well as etiology of other new disorder simultaneously.
For ex. Pandu roga converts into kamla, Atisara converts into Grahani roga.	They does not subside after causing the new disorder.
	For ex. Arsha causing gulma and remains together, Pratishtyaya causing kasa and remains together.

**2) Anubandha vyadhi (Partantra vyadhi, secondary disorder)**

..... "tadviparitalakshanastwanubandhah" (Ch.Vi. 6/11).

It means lakshanas opposite to Anubandhya i.e, it is dependent. It's symptoms, etiology and treatment basically depends on Anubandhya or Pradhana vyadhi.

It shows it's characters only when "anubandhya lakshana samanvitastatra" i.e, it depends on the primary dosha(vyadhi) and manifest only when disease is- sansargaja or sannipataja.

Due to variations in primary and secondary characters there are numerous variations in doshas. Thus the physicians attribute various nomenclatures to doshas and disorders classified in different groups according to various factors.

For ex. In the diseases RAJYAKSHMA, jwara, kasa, ishtheevan etc. are subsided by the treatment of rajyakshma.

Vagbhattacharya again divided 'Partantra vyadhi' into two

- 1) Poorvaja vyadhi :- the diseases which arise before or earlier the pradhana vyadhi. (Premonitory symptoms).
- 2) Pashchataja vyadhi :- the disease which appears later and are called upadrava or complications. For ex. Karnamoolika shotha at the end of sannipatika jwara.

This example will make it more comprehensive :- As in sharada ritu, pitta is vitiated due to sun and amla vipaka, this is pradhana, but a small amount of kapha is also vitiated due to heat of sun, which is Apradhana. When vitiated pitta is treated with Tikta ghrita the vitiated kapha automatically gets treated.

Poorvaja vyadhi may also be identified as "Poorvaroop" of pradhana vyadhis.

For ex. Shrama, arati, vivarnta, vairagya are the poorvaroop of jwara.

Pashchataja vyadhi may include UPADRAVA, ARISHTA, AUPSARGIKA VYADHI etc.

### **Aupsargika vyadhi and Upadrava**

Aupsargika vyadhi is Anubandha or Partantra or upadrava sangya.

Upadrava is arises after the vyadhi i.e, rogarambhaka dosha janya ➡ anya vikara.

The dosha which causes vyadhi, also causes ashrit vyadhi (apradhana vyadhi) which arises after the pradhana vyadhi. According to Madhava nidanam, upadras are upakramvirodhi (dushchikitsya).

Thus disease is main and complication is secondary. The later is often pacified when the main disease is pacified. According to Ch.Chi.21/40-As it appears later, it becomes more afflicting because of the patient being already suffering from the disease. Hence one should overcome the complication quickly.

### **Anyalakshan vyadhi**

According to S.Su. 35/18 -Anya lakshana is that which foretells the future disease, this is known as poorvroopa.

In case of Anya lakshana vyadhi, the first disease only is treated.

### **Arishta lakshana**

According to Madhava Nidana 1/3 "niyata maran khyapakam lingam arishtam".

The lakshana which confirms the death in the recent future or the fatal symptoms of Rogi are called arishta. According to Charak Samhita indriya sthanantarit -The signs produced by the doshas having transcended the remedial measures and which pervade the entire body are known as "Arishta" (fatal signs).

**Agantuja vyadhi**

Nakha, dashana, abhichara, abhishapa, abhishangadi agantuja nidana first causes pain and later on causes dosha vaishamyata. Agantuja roga/abhighataja jwara are caused by direct Dhatuvaishamyia due to agantuja nisana. In agantuja roga, dosha vaishamyia occurs but it is not taken as the vitiating factor for Dhaus. In agantuja roga, dosha vaishampayan is aradhana But in the agantuja vyadhi where injuries are caused by lathi or bamboo stick or any other weapon - "chikitsa vishesha prayojakah" means discontinuity caused by weapons/ external factor should be treated first. For ex. In snake bite, first is to manage the local wound and give emergency treatment.

**Vyadhi sankara**

Thus obstinate intermingling of disease is observed due to faulty treatment and origin from one another.(Transition of two swatantra vyadhi).

**DISCUSSION**

Nija, sharira, manasa and agantuja roga are mutually related. Among which nija sharira and nija manasa roga are directly interconnected. Yet Acharya Chakrapani says that dosha vaishamyia occurs in Agantuja roga but the intensity of vaishamyia is not sufficient to manifest doshaja lakshana. Hence, in case of Agantuja roga dosha vaishamyia is not taken as pradhana. Later on if dosha vaishamyia gets intensified, and causes a prabala vyadhi, then this is treated as pradhana roga. Thus, anubandhya and anubandha vyadhi are interconnected. In the advance stage of disease the anubandha or partantra vyadhi may also become pradhana. So, physician should treat the disease after knowing the pradhanya and apradhanya of dosha or vyadhi.

**CONCLUSION**

The relationship of dosha and vyadhi are not constant. As described in Su.su. 24/11, that the relationship of vatadi dosha and jwaradi roga is neither constant nor permanently detachable. It depends on the presence of nimitta or hetu. It has already been discussed that not only the vatadi dosha but other agantuja nidanas are also responsible for disease like abhighata, visha, jeevanu etc. So, nija-agantuja, anubandhya-anubandha and swatantra-partantra vyadhi are mutually related and interconvertible.



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