

COVID-19: Nija or Agantuj Roga, Ayurvedic Perspective

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Abstract

Epidemics have not been new concept neither to universe nor for India. Ayurveda, which is most ancient, documented science of health care system, has documented concept of epidemics thousand years ago and which is explained under name Janapadodhwamsa or Maraka. It is explained in detail as an independent chapter in various classical texts. As per description Ayurvedic literature described their mechanism of Aetiology (Nidana), various factors affecting severity and actions complicating illnesses along with their management and preventive method. In this article, An attempt is made to describe it as per our classical science, which assert the superiority of host susceptibility (Nija) over External Agent/Virus (Agantuja) and uses the same principles in prevention. In this article an attempt is made to understand different stage of COVID-19 under Jwara.

Keywords: Epidemics, Janapadodhwamsa, Maraka, Nidana, Agantuja, Ahara, Antiviral and Jwara.

INTRODUCTION

Here an attempt is made to understand and explain the various stage of COVID-19 under the heading of Jwara. Concept of Janapadodhwamsa along with Masurika is taken here to understand the Pathology of COVID-19 as per classical science. It can be taken under Nija Jwara and Oupasargika Roga, followed by Diagnostic Protocol of Jwara, identifies various factors, which affect its severity or its complicating. Here an attempt is also made to explain it with its modern correlation along with various management guide lines protocol for different stages and various subsets of patients. Here an attempt is made to understand preventive principles along with treatment with aim to restore balance between human and nature.

MATERIALS AND METHODS

Since the present study is literary research, different opinions available in Different Ayurvedic Texts on Janpadodhwamsa and its correlation with COVID-19 is compiled here for easy and clear understanding.

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CONCEPTUAL STUDY

The Classical textbook of Ayurveda described Pathophysiology of Epidemics in general. In reference to COVID-19, the above pathophysiology help in understanding as follows:

- Adharma Activities, which are consider as main aetiological factor for misbalancing and disturbing sustaining principles of life or Prakirti, this includes air, water and land. Here in the reference of Adharma, it can be defined as, all those activity or factor, which are responsible for disharmony and destruction of Air, Water, Land etc. [1–3].

Dishormony and Disturbance of Air

Various pollutant which comes from Industrial pollution such as power sector, Military activity related Pollution, Automobile and Aviation sector related Pollution.

Dishormony and Disturbance to Ecology of Water

Various Pollutants which is responsible for Pollution of water bodies, Sand mining from riverbeds, Unregulated damming etc., along with Contamination of Ocean beds.

Dishormony and Disturbance to Land Ecology

Leading concept of Urbanization followed by increase constructional activity with non-eco-friendly materials along with Usage of Non-biodegradable toxic materials like plastics pesticides etc. result in over exploitation and rapid destruction of hills, mountains, land, grassland, forests and ecosystems. It is also responsible for destruction of other life forms such as Animals/Plants/Birds along with their displacement from their natural habitats.

All these Activities are responsible for vitiation and disturbance of the balancing forces of nature which result in rise to abnormal air currents such as Cyclones, Floods, non-seasonal rains, extreme weather conditions etc. Now a days, Destruction of forests result in extreme of weathers such as summer or winter, non-seasonal rains as experienced around Europe, Australia, India etc. can be taken as Aristas (warnings).

This vitiation simultaneously leads to vitiation of doshas (Cytokines) in human body, which result in mass susceptibility to some illness, along with vitiation of the oshadhis and ahaar, thus result in less nutritive value along with nourishment. All these conditions result in agni mandya i.e., sluggish metabolism which further leads to infectious diseases like COVID-19 etc., when comes under favourable circumstances. Probably more condition can develop in future if timely corrective measures are not taken. The main clinical presentation of COVID-19 include features of respiratory system due to first and foremost involvement of Lungs. This can be understood as the vitiation of pranavaha srotas, due to Kshaya-weight loss, vega sandharan-constipation, rukshata-low fat high fibre diet intake, vyayamat kshudhitasayinappropriate excessive exercise) and the increasing incidence of these in the present-day lifestyle.

Ayurvedic presentation and description of COVID-19

COVID-19 can be understand and explain as a Janapadodhwamskara or Maraka, Oupasargika Roga as per classical ayurvedic texts. Concept of Path physiology of Masurika as described by acharya madhav also help in understanding of COVID-19 in Ayurvedic perspective. Masurika, which was already said as pandemic, and being viral infection spreads through respiratory route and its highly contagious nature have similarity with COVID-19. It should be considered as a nija jwara (Endogenous Fever). Although various opinion goes in favour of Agantuja (Exogenous fever). But we can prove it as Agantuj by following facts which goes in favour of nija and unfavour of agantuj.

COVID as Agantuj

Agantuja roga described in classical text have very clear causes, clinical feature, and treatment principles. So, if we consider it as agantuja factor, it should be one among 'bhuta' or a 'visha' or may be a 'adrusya krimi' but it does not fit and match with the clinical features of COVID.

Virus v/s Bhutha

Presentation of COVID-19, does starts with psychiatric features like 8 types of bhutonmada or inappropriate laughing, crying or emotional excitement as described in Madhava [4].

Bhutaabhishangaja Jwara commonly manifest as Tridoshaja, most similar with pattern of Vishama Jwara, that is 3 types of Trutiyaka and 2 types of Caturthaka, but in case of COVID-19, it does not happen like this.

Daivi-vyapashraya, is consider as main line of treatment of bhuta abhishangaja and in Bhaijshajya Ratnavali [5] there are refrence of ucchatana, bandhana etc. as main treatments, unlike acharya line of treatment like snehana, swedana, shodhana, followed by shamana with unmada hara oushadhas, unlike other jwaras where snehana and shodhana are used only in special situation as quoted by acharya charak [6, 7].

Virus v/s Visha

1. Involvement of respiratory system is similar, but it cannot be considered as a visha, because virus is communicable or oupasargika unlike visha.
2. If we take it as jangam visha, we do not find any refrence of its transmissibility from person to person in texts, nor its clinical features matches with COVID-19.
3. Line of treatment of visha is via Visha hara gana and Agada, which is not similar as that of panchakarma and rasayana, which are explained as the paramoushadha in janapodhwaseeyadhyaya.

Virus v/s Krimi

1. Agantuja hetu of jwara does not involve concept of krimi.
2. Morphology of Krimis as visible, macroscopic, ecto-parasites or helminths like nematodes and cestodes and which is unlike as that of virus, being invisible virus other than adrisya krimi.
3. Clinical presentation of Adrisya krimi include symptoms like loss of body hair, ulceration or necrosis of muscles, tendons etc. are never seen in COVID-19.[8]

It can be concluded that, it cannot be accepted in any known agantuja cause as per classical ayurvedic science, unless we propose it as a newer development.

COVID-19 as Nija

Being similar clinical presentation with Masurika along with epidemic, highly contagious (sharing all these characteristics with COVID-19) viral disease as per modern science, but we did not find any agantuj hetu in masurika as per madhav nidan text.

As per acharya Susruta and madhav fever, cough, tuberculosis, skin disease, conjunctivitis diseases are contagious and transmissible, but we did not find any reference of agantuja variety of kushta, sosha, netraabhishyanda. And so all these are explained as being nija [9, 10].

If we take it as agantuja due to microorganism nature of virus then similar logic should also be applied in case of bacteria, fungi, protozoa etc. and thus various presentation of fever such as respiratory infections, pneumonia, urinary tract infection, typhoid, hepatitis, AIDS, gastroenteritis, cholera etc. all should be considered as agantuja and they cannot be treated as kasa, shwasa, mutra kricha, kamala, atisara, vischuchika etc. as we does not find any AGANTUJA variety in all of them in any classical ayurvedic text and they all are NIJA only. Modern science baised on the theory of jeevanuvaad while ayurveda has always accepted tridoshvaad theory.

As per theory of tridoshvaad, inspite of presence of bacteria, virus etc, till the time there will be no vitiation of doshas primarily in the body, we cannot find any clinical presentation of disease. We find same concept in modern science in reference to tuberculosis. Means disease can happen only if immunity is weakene inspite of being infected by virus, bacteria etc; and likewise in Sepsis which is deemed to happen, not due to an infection, but only when the Dysregulated immune response occur in host.

So, it is very clear from above explanation that COVID is caused by a virus as per theory of jeevanu vaad of modern medical science, but it should be taken as secondary as per theory of tridosh vaad, and here primary importance should be given to host factors or NIJA doshas or increased mass susceptibility only, in the process of manifestation of the disease.

This can be further understood by the following fact, that although virus is same in all cases, but presentation varies differently in case to case such as some may be asymptomatic, few may have mild symptoms but only a rare have severe presentation; all this happen due to the status of doshas in them. Particularly in the asymptomatic infections or sub clinical presentation may highlight the concept of viral infection in stage of harmony and equilibrium of dosha, and stage of doshic vitiation is consider as the primary determinant factor of disease manifestation, not just an infection.

A wide range of various clinical presentation in patients with co morbidities also suggest the importance of doshic vitiation as the primary determinant of disease severity. As per classics the vitiation of Vayu, Jala, Desha, Kaala (Rutu) and ahara influence disturbance in equilibrium of doshas in all, which leads to mass predisposition or mass susceptibility of the diseases.

In the case of COVID-19 an equilibrium of Vata and Kapha; Intake of Vata - Kapha provoking Ahara Vihara during Vataja extreme of age (elderly), or Vataja and Kapha Vikara like hypertension, COPD, Bronchial Asthma or Dhatu or Ojo Kshaya (Immuno-compromised) have more chance to have a more serious clinical presentation of COVID.

So, it can be concluded as COVID-19 as a NIJA Jwara and Oupasargika Jwara. As per classical ayurvedic science, by Correlation of the clinical presentation as described by various authorities the presentation of COVID-19 mostly correlate with that of Vataja or sometimes Vata Kaphaja Jwara generally in a Saama avastha.

In latter stage due to involvement of Aama, pitta and kapha may provoke making it a Vatolbana Sannipata in the more advanced and critical stages. As per Ayurvedic texts, understanding of vata suggest its seasonal variation along with increase relative humidity is detrimental to the virus alone.

The peculiar pathophysiology of microvascular thrombosis to frank Thromboembolism of COVID-19 is seeking attention of worldwide. As per Ayurvedic correlation, it's due to increase in stickiness (Picchila Guna) of Ama rather than Kapha, which along with Vata Dosha leads to Sroto avrodha. This can be also correlates with the higher titers of inflammatory markers such as Serum ferritin and CRP which are usually associated with Amavastha or (Pitta Dosha). So as per samprapti vighatan meva chikitsa the use of Katu Rasa is advised for its Sonitha Sanghatam Bhinatti (Thrombolytic) action and Amapachaka (Metabolic activation) effect.

DISCUSSION

As whole world is looking for alternative medicine use to treat and manage COVID-19. It is must to understand the classical perspective of COVID-19 and as we all know still there is no known exactly curative medicines and therapies for this virus. Hence various scientific and holistic approaches have to be applied pragmatically. It can be also taken as Challenge or opportunity for Ayurveda to show its importance globally. So that lost glory of Ayurveda can be regain. It can also be attain by joining hands with other medical science in general for betterment of Mankind.

CONCLUSION

Modern medical science has always consider a cause from 'outside' of body due to its principle of treatment baised on the theory of jeevanuvaad while ayurvedic classical science has always accepted tridoshvaad theory giving importance to sharira. Concept of tridoshvaad baised on importance of tridosha believes that even if there is a virus or bacterial infection in body, Clinical manifestation or pathology of disease will not start until there will be no vitiation of doshas primarily in the body, none can infect the human system in a way that it manifests as disease.

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