

AN AYURVEDIC FRAMEWORK OF AHARA, VIHARA AND ACHARA WITH SPECIAL REFERENCE TO VYADHIKSHAMATVA AND HOST RESILIENCE: A REVIEW

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ABSTRACT

Background and Objectives: Vyadhiikshamatva—the Ayurvedic construct of disease resistance and recovery capacity, systematised by Acharya Charaka—has long anchored Ayurveda’s preventive and promotive approach to health. Contemporary immunology, through research on disease tolerance and host resilience, recognizes that host survival during infection depends not only on pathogen clearance but also on limiting tissue damage and restoring function. This paper aims to examine this conceptual convergence and explore Ahara, Vihara and Achara as an Ayurvedic framework for cultivating host resilience. **Materials & Methods:** A conceptual narrative review was undertaken using Brihatrayi source texts, contemporary Ayurvedic scholarship, and literature concerning resistance, tolerance and resilience in immunology. **Observations/Results:** The analysis

identified conceptual interfaces between Bala and Ojas with physiological reserve; Dinacharya and Rutucharya with behavioural, circadian and seasonal regulation; and Sadvritta and Achara Rasayana with psychoneuroimmunological pathways linking conduct, stress and immune function. Ahara, Vihara and Achara emerge as interconnected determinants that may influence host resilience through nourishment, physiological regulation and behavioural adaptation. These relationships provide a basis for developing

testable translational models without assuming one-to-one equivalence between Ayurvedic constructs and modern immune components. **Conclusion:** The Ahara–Vihara–Achara framework offers a coherent Ayurvedic perspective for studying host resilience beyond pathogen clearance alone. Its integration with contemporary resistance–tolerance–resilience research may support personalized preventive strategies and public-health applications, while requiring systematic validation through clinical, epidemiological and mechanistic research.

KEYWORDS: Vyadhikshamatva, Host Resilience, Ahara, Sadvritta, Achara Rasayana.

INTRODUCTION

Immunity, in contemporary biomedicine, has traditionally been framed as the capacity to detect and eliminate pathogens — a resistance-centred paradigm. Over the last decade, however, immunologists have proposed a complementary axis of host defence: disease tolerance, the ability of an organism to limit the health cost of an infection or insult largely independent of pathogen burden, and the closely related notion of host resilience, the capacity to withstand perturbation and return to a stable physiological state.^[1,2] This reframing — away from a purely pathogen-centred view and toward a host-centred, capacity-building view of defence — resonates closely with a much older formulation in Ayurveda: Vyadhikshamatva.

Acharya Charaka used the term Vyadhikshamatva to denote the inherent, cultivable capacity of the body to resist the onset of disease and, importantly, to resist the severity and recur-rence of disease once contracted.^[3,4] Unlike a narrow equivalence with ‘immunity’ as antibody- or cell-mediated pathogen clearance, Vyadhikshamatva is explicitly bound to Bala (strength/vitality) and Ojas (the subtle essence of tissue metabolism), and it is cultivated — not merely inherited — through disciplined Ahara (diet), Vihara (daily and seasonal regimen) and Achara (ethical and behavioural conduct).^[5,6] This paper examines whether the Ahara-Vihara-Achara triad, read through the modern resistance-tolerance-resilience framework, offers a structured and testable model of host resilience, and what this convergence means for integrative research and practice.

The objectives of this presentation are threefold: first, to revisit the classical Ayurvedic conceptualisation of Vyadhikshamatva and its physiological substrates; second, to organise the Ahara-Vihara-Achara framework as an operational model for building resilience; and third, to draw an evidence-informed bridge between this classical model and the

contemporary host-resilience paradigm in immunology, with attention to public-health translation.

Vyadhikshamatva: The Classical Ayurvedic Concept of Immunity

Etymology and Classical Definitions

The term Vyadhikshamatva derives from Vyadhi (disease) and Kshamatva (the capacity to tolerate or withstand), and is most directly defined by Chakrapani's commentary on Charaka Samhita, Sutrasthana 28/7, in two complementary senses^[3,7,8]

- **Vyadhibala-virodhitvam** — the capacity to resist or oppose the strength/severity of a disease once it has arisen, broadly comparable to what is described in modern terms as acquired resistance or damage control.
- **Vyadhi-utpada-pratibandhakatvam** — the capacity to obstruct or prevent the causative factors of disease from producing disease in the first place, comparable to innate resistance or avoidance.

Charaka further links the adequacy of bodily strength to disease resistance through the concept of Bala, describing three types: Sahaja Bala (natural/genetic strength present from birth), Kalaja Bala (strength that varies with age and season), and Yuktikrita Bala (strength acquired through rational regimen — diet, Rasayana and disciplined conduct).^[7,8,9] It is this third category, Yuktikrita Bala, that provides the theoretical warrant for the entire Ahara-Vihara-Achara framework: resilience is treated not as a fixed trait but as a modifiable physiological reserve.

Ojas, Bala and the Physiological Substrate of Resistance

Ayurveda locates the material basis of Vyadhikshamatva in Ojas, described as the finest essence produced at the end of the sequential metabolism (Dhatuparinama) of all seven bodily tissues (Sapta Dhatu). Depletion or vitiation of Ojas is associated with heightened susceptibility to infection, poor recovery, hypersensitivity and, in classical descriptions, patterns resembling autoimmunity.^[7,10] Because Ojas is nourished by the same nutritive fluid (Rasa) derived from ingested food, Ahara becomes the primary determinant of the raw material available for building resilience, while Vihara determines how efficiently that material is metabolised and Achara determines the mental and behavioural conditions under which digestion (Agni) and tissue metabolism proceed undisturbed.^[8,11]

Charaka summarises the centrality of diet to this entire chain with the aphorism Aharah

Praninam Pranah ('Food is the very life-breath of living beings'), while Sushruta similarly states that food is the enduring foundation of strength, complexion and Ojas. Vyadhikshamatva not as a single organ-system function but as an emergent property of the whole Ahara-Vihara-Achara system — precisely the kind of multi-input, whole-organism capacity that modern resilience science is now trying to formalise.

The Ahara-Vihara-Achara Triad as an Operational Framework^[11,12]

Where Vyadhikshamatva names the outcome, Ahara-Vihara-Achara names the mechanism. Classical Ayurveda treats these three domains as jointly necessary — deficiency or excess in any one undermines the other two, since they act through the shared physiological axis of Dosha (functional humours), Agni (digestive-metabolic fire), Dhatu (tissues) and Mana (mind).

1. Ahara (Diet and Nutrition)

Ahara in Ayurveda is prescribed not as a fixed diet chart but as a contextual discipline, adjusted to Prakriti (constitution), Agni-bala (digestive capacity), Desha-kala (place and season), and Satmya (individual suitability).^[13] Charaka Samhita, Nidanasthana 6/11 famously advises eating what is wholesome (Hitashi) and in appropriate measure (Mitashi), at the correct time, with self-restraint — a principle intended precisely to prevent the metabolic dysregulation that both classical and modern medicine associate with chronic, low-grade disease susceptibility. Because Ahara supplies the substrate for Ojas formation, its role is best understood as resilience-building rather than merely calorie-providing.

2. Vihara (Daily and Seasonal Regimen)

Vihara encompasses the pattern of daily living — sleep, activity, exposure, work, rest and social engagement — operationalised in Ayurveda through Dinacharya (daily regimen) and Ritucharya (seasonal regimen).^[12,14] Dinacharya practices (waking time, Abhyanga/oil massage, exercise, structured meal timing) are framed as supports for circadian and digestive rhythm, while Ritucharya adapts diet and activity to seasonal transitions, explicitly to preempt the seasonal clustering of disease. Unlike Ahara, which acts at intervals, Vihara is described as a continuous physiological input that shapes how the body adapts to, and recovers from, everyday stressors — conceptually close to what resilience science terms allostatic regulation.

3. Achara (Conduct: Sadvritta and Achara Rasayana)

Acharya, operationalised through Sadvritta (code of right conduct) and Acharya Rasayana (conduct-as-rejuvenation), extends the resilience framework into the psychological, ethical and social domain. Sadvritta is classified by classical commentators into physical, mental, social and moral conduct (Sharirika, Manasika, Samajika and Dharmika Sadvritta respectively), covering truthfulness, non-violence, compassion, self-restraint of the senses, and harmonious social relationship.^[15,16] Acharya Rasayana is explicitly stated to confer the benefits of Rasayana (rejuvenation) therapy through behaviour alone — truth-speaking, non-violence, anger-control, devotion, and cleanliness — without requiring any material formulation.^[17,18] Charaka attributes the majority of disease, including Nija (endogenous) disorders, to Prajanapadha — literally, ‘transgression of wisdom’, or persistent errors of judgement and self-regulation — positioning Acharya as a direct preventive countermeasure to this root cause.^[16,19]

Taken together, Ahara, Vihara and Acharya form a layered system: Ahara supplies substrate, Vihara regulates rhythm and metabolic throughput, and Acharya governs the neuropsychological conditions under which the first two operate. This layered structure anticipates, in premodern vocabulary, the multi-system architecture that contemporary resilience science is now mapping across metabolic, circadian, and neuro-immune axes.

From Vyadhikshamatva to Host Resilience: Building the Conceptual Bridge

1. The Resistance-Tolerance-Resilience Framework in Contemporary Immunology

A pivotal reframing in immunology, formalised by Medzhitov, Schneider and Soares, distinguishes three host-defence strategies against infection: avoidance (reducing exposure), resistance (reducing pathogen burden via immune killing/clearance), and tolerance (reducing the fitness cost of infection without necessarily reducing pathogen burden, chiefly through tissue damage control and metabolic adaptation).^[1] Subsequent work by Martins, Carlos, Soares and colleagues has extended tolerance into a broader model of disease resilience — the host’s overall capacity to absorb infectious or inflammatory insult and return to homeostasis — and has shown that tolerance mechanisms operate through tissue repair, metabolic reprogramming and control of inflammatory signalling, largely independent of pathogen-killing pathways.^[2] Related work by Schneider and colleagues has proposed mapping individualised ‘health curves’ across the course of infection, formally distinguishing resistance from resilience as separate, measurable axes of outcome^[20], a distinction also explored in disease-tolerance research on lung infection and sepsis immunoparalysis.^[21]

This shift is significant for the present argument: it establishes, in strictly contemporary and mechanistic terms, that host defence is not exhausted by pathogen elimination. A second, largely independent physiological capacity — the capacity to tolerate insult and recover — is now recognised as equally decisive for survival and health outcomes.^[22,23,24]

2. Mapping Vyadhikshamatva onto Resistance and Resilience

The two-fold classical definition of Vyadhikshamatva maps with notable clarity onto this modern bifurcation. Vyadhi-utpada-pratibandhakatvam — obstructing the causative factors of disease before disease arises — corresponds functionally to avoidance and resistance in the Medzhitov-Schneider-Soares schema. Vyadhibala-virodhitvam — resisting the strength and course of a disease already present, and thereby limiting its severity and hastening recovery — corresponds closely to disease tolerance and resilience: the capacity to limit damage and restore function irrespective of whether the causative agent has been fully cleared.^[25] This is not proposed as an exact one-to-one equivalence — Ayurvedic Vyadhikshamatva is a unified psychosomatic construct rather than a set of discrete cellular mechanisms — but the structural parallel is close enough to make Ahara-Vihara-Achara a plausible candidate framework for the upstream, modifiable determinants of resilience that current immunology is actively seeking.

3. Physiological Correlates: Diet, Rhythm, Behaviour and the Neuro-Immune Axis

A growing body of research on the gut-brain-immune axis provides plausible mechanistic grounding for the Ahara-Vihara-Achara model. Diet quality, chronic psychosocial stress and behavioural regularity jointly shape the composition and diversity of the gut microbiota, which in turn modulates systemic inflammatory tone and immune reactivity.^[26,27] Chronic stress activates the hypothalamic-pituitary-adrenal axis and sympathetic nervous system, producing sustained elevation of glucocorticoids and pro-inflammatory cytokines (IL-1, IL-6, TNF- α) that measurably impair resistance and resilience over time.^[28] Psychoneuroimmunological reviews describe this as a bidirectional loop in which diet and stress reshape the microbiome, and microbial metabolites in turn feed back on mood, stress reactivity and immune function. This bidirectional, multi-input physiology is precisely what the Ahara-Vihara-Achara triad was structured, in pre-modern vocabulary, to regulate: Ahara addressing nutritional and microbial substrate, Vihara addressing circadian and behavioural rhythm, and Achara addressing the psychological and stress-regulatory dimension now understood to operate through the HPA axis and gut-brain signalling.

Applied and Public-Health Relevance

The practical relevance of this framework was visible during the COVID-19 pandemic, when the Ministry of AYUSH, Government of India, issued a national self-care advisory (31 March 2020, subsequently reiterated) explicitly framed around enhancing the body's 'natural defence system' rather than treating the infection directly.^[29,30] The advisory combined Ahara-based measures (warm water, Chyawanprash, spiced decoctions), Vihara-based measures (daily Yogasana, Pranayama and at least thirty minutes of structured practice), and adjunct Achara-adjacent practices (meditation), and was explicitly grounded in Dinacharya and Ritucharya principles. Whatever the debate over specific formulations, the advisory is a clear instance of the Ahara-Vihara-Achara logic being operationalised at population scale as a resilience-building — rather than pathogen-targeting — public-health strategy, illustrating the translational potential of the framework this paper describes.

DISCUSSION

The principal strength of the Ahara-Vihara-Achara framework is its integrative structure: it treats nutrition, circadian/behavioural rhythm, and psychological conduct as a single regulated system rather than as separately managed risk factors, which aligns well with the systems-level thinking now emerging in resilience biology. It also offers an individualised model (through Prakriti and Satmya) at a time when modern medicine is itself moving toward personalised and precision approaches to host response.

The limitations are equally important to state plainly for an academic audience. First, classical Ayurvedic constructs such as Ojas and Dosha are not directly measurable by current biomedical instruments, so the mapping proposed remains a structural and functional analogy rather than a demonstrated mechanistic identity. Second, much of the contemporary Ayurvedic literature reviewed here is narrative/conceptual rather than experimental; rigorous, adequately powered clinical and translational studies correlating specific Ahara-Vihara-Achara interventions with objective resilience biomarkers (cytokine profiles, microbiome diversity, recovery-time metrics) remain limited. Third, public-health advisories such as the AYUSH COVID-19 guidance were explicitly framed as immunity-support measures and not as proven treatments, a distinction that must be preserved in any responsible presentation of this framework. The research agenda that follows from this paper is therefore to design prospective, biomarker-linked studies that test whether structured Ahara-Vihara-Achara interventions measurably shift resistance and, separately, tolerance/resilience parameters in

the sense defined by contemporary immunology.

CONCLUSION

Vyadhikshamatva and the modern concept of host resilience arose in entirely different epistemic traditions, separated by roughly two millennia, yet converge on the same central insight: that survival and health depend not only on eliminating threats but on cultivating the host's own capacity to withstand and recover from them. The Ayurvedic triad of Ahara, Vihara and Achara operationalises this insight into a structured, individualised and behaviourally actionable framework spanning nutrition, circadian regimen and conduct. Positioned alongside the resistance-tolerance-resilience model now current in immunology, this framework offers a historically grounded and conceptually coherent lens for integrative research — provided its claims are pursued with the same empirical rigour that the modern resilience paradigm itself demands.

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