

CONCEPT OF VIKARAVIGHATA BHAVA IN ROGNIDAN: A REVIEW ARTICLE

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ABSTRACT

Classical Ayurvedic nosology does not treat disease as the automatic and mechanical outcome of exposure to a causative factor. Between *Nidana* (cause), *Dosha* and *Dushya* on one side and overt *Vikara* (disease) on the other, the *Samhitas* recognise an intervening host variable — *Vikara Vighataka Bhava* — that may inhibit, delay, soften or entirely prevent the expression of disease, and whose converse, *Vikara Vighata Abhava*, permits rapid, severe and complicated manifestation. This article undertakes a conceptual and literary review of *Vikara Vighataka Bhava*: its place within the broader *Nidanadi Vishesha* framework, its classical textual basis, the host and environmental factors traditionally held to constitute it, and its detailed, named application in the *Prameha Nidana* (fourth chapter of *Charaka Samhita*’s *Nidana Sthana*), where the term

is very first defined in relation to the twenty varieties of *Prameha*. The review closes with a discussion relating this classical framework to contemporary epidemiological data on diabetes mellitus (*Madhumeha*) in India, and to its continuing relevance for prognosis, individualised treatment and preventive practice.

KEYWORDS: *Vikara Vighataka Bhava*, *Vikara Vighata Abhava*, *Nidanadi Vishesha*, *Prameha Nidana*, *Madhumeha*, *Vyadhikshamatva*, *Sadhya-Asadhya*, *Ayurvedic pathogenesis*.

❖ INTRODUCTION

Exposure to a causative factor does not, by itself, guarantee disease. Two individuals meeting the same *Nidana* under comparable circumstances may have entirely different outcomes — one succumbing to a florid disorder, the other remaining unaffected or developing only a mild, transient disturbance. Classical *Ayurveda* accounts for this difference through the concept of *Vikara Vighataka Bhava*, literally “the factor that obstructs the disorder” — an inherent or acquired resistance within the host that stands between causation and manifestation.^[1] The presence of this factor explains why disease is probabilistic rather than mechanical; its absence, termed *Vikara Vighata Abhava*, explains why in some patients even a minor trigger produces a rapid, severe, and complicated illness.

AIMS AND OBJECTIVES

Aim

To critically review the classical Ayurvedic concept of *Vikara Vighataka Bhava*.

Objectives

1. To explain the conceptual basis of *Vikara Vighataka Bhava* within the *Nidanadi Visheshha* framework of disease causation.
2. To compile, with classical references, the principal Sanskrit verses (*shlokas*) that define this concept and the physiological equilibrium it protects.
3. To enumerate the host and environmental factors classically held to constitute *Vikara Vighataka Bhava*.
4. To examine, in particular, how this concept is defined and applied in the *Prameha Nidana* chapter to explain the variable severity, curability, and time-course of the twenty varieties of *Prameha*.

MATERIAL AND METHODS

- (a) Primary classical texts — *Charaka Samhita* (*Sutra Sthana* and *Nidana Sthana*, including the *Ayurveda Dipika* commentary of *Chakrapanidatta*), *Sushruta Samhita*, *Astanga Hridaya*, and *Bhavaprakasha*.
- (b) Secondary academic literature — peer-reviewed review articles that specifically address *Vikara Vighataka Bhava*, including its application to *Prameha*, retrieved through standard literature search.
- (c) Contemporary epidemiological data on diabetes mellitus in India, drawn from the ICMR–INDIAB national cross-sectional study.

Factors Constituting *Vikara Vighataka Bhava*

- *Bala* and *Vyadhikshamatva* — physical strength and the capacity to resist disease.
- *Satmya* — wholesome habituation to a given diet, climate or regimen.
- *Satva* — mental resilience and stability.
- *Desha and Kala Anukulata* — favourable habitat and season.
- *Vaya* — age-related resistance, generally greatest in youth (Yauvana).
- *Agnibala* — the strength of the digestive-metabolic fire.
- *Prakriti* — constitutional resilience determined at conception.
- *Ahara-Vihara Anuvartana* — consistent adherence to a wholesome diet and daily regimen.

When these factors are robust, exposure to a *Nidana* either fails to produce disease at all or produces only a mild, self-limiting form. Their impairment — *Vikara Vighata Abhava* — removes this buffer and allows even a modest trigger to progress into a severe, deep-seated or complicated disorder.^[5]

Vikara Vighataka Bhava in Prameha Nidana

The clearest and most explicit classical statement of this entire concept is not found in a general, abstract discussion at all — it occurs inside a disease-specific chapter, the *Prameha Nidana*, the fourth chapter of *Charaka Samhita's Nidana Sthana*.^[6] Immediately after naming the three specific factors of *Nidana*, *Dosha* and *Dushya* that between them can produce twenty distinct varieties of *Prameha*, the text pauses to state, in so many words, that it is the specific character of these three factors — not their mere presence — that determines whether, when and how severely the disease will appear.

[illegible]

(Cha. Ni. 4/4 — Prameha Nidana)

Charak immediately puts this general principle to work. Twenty varieties of *Prameha* are described, arising from the simultaneous vitiation of *Vata*, *Pitta* and *Kapha*, but their clinical behaviour is explicitly graded by exactly the same logic as *Vikara Vighataka Bhava*: the ten *Kapha*-dominant varieties are declared *Sadhya* (curable) because the vitiated *Dosha* and the affected *Dushya* (Medas) share similar qualities and respond to the same line of treatment; the six *Pitta*-dominant varieties are declared *Yapya* (palliable) because the site of vitiation lies close to the seat of *Pitta* itself and its management involves therapeutically contradictory measures; and the four *Vata*-dominant varieties, including *Madhumeha*, are declared *Asadhya* (incurable) on account of their seriousness and the mutually opposed nature of the treatment they require.^[7] In other words, the curability gradient of *Prameha* is nothing other than a disease-specific illustration of *Vikara Vighataka Bhava* and its *Abhava*: where host and tissue factors remain relatively favourable (as in the *Kaphaja* group), the obstructing factor is strong and the disease stays manageable; where they are least favourable (as in the *Vataja* group), the obstructing factor has effectively failed, and the disease becomes severe and resistant to treatment.

Prognostic and Clinical Significance

[illegible]

“The physician who, through knowledge, distinguishes the curable from the incurable, and who commences treatment at the appropriate time, most certainly succeeds.”

“That disease which, though incurable, may be kept under control through wholesome regimen for the remainder of one’s life; which yields only slight relief; which is provoked again quickly even by a small cause; which is deep-seated, involves multiple Dhatus, is

lodged in vital points and joints, persists continually, and remains established for a long duration — that, arising from two Doshas, should be known as Yapya.”

Contemporary Relevance

The *Vikara Vighataka Bhava* framework anticipates, in its own idiom, ideas now central to preventive and integrative medicine — individual susceptibility, host-defence capacity, and the distinction between exposure to a pathogenic factor and its clinical expression.^[9] Actively strengthening these factors — through *Rasayana*, appropriate *Ahara-Vihara*, *Dinacharya* and *Ritucharya* — forms the rational basis of Ayurvedic preventive medicine (*Swasthavritta*), and offers a conceptual bridge to the modern discourse on immunity and disease resistance.^[10]

❖ DISCUSSION

Read as a whole, the classical material reviewed above suggests that *Vikara Vighataka Bhava* was never intended as an abstract philosophical flourish; it is introduced, in the *Prameha Nidana* itself, as a working clinical explanation for why the same triad of *Nidana*, *Dosha* and *Dushya* produces twenty clinically distinct diseases of very different severity and curability. Placed alongside the *Sadhya-Asadhya* framework of the *Sutra Sthana*, it functions as an early, systemic model of variable host susceptibility — a model that assigns disease severity not to the causative factor alone, but to the outcome of a contest between that factor and the host's own resisting capacity.

This has an obvious, if partial, parallel in the modern epidemiology of *Prameha*'s closest biomedical counterpart, diabetes mellitus (*Madhumeha*). The ICMR–INDIAB national cross-sectional study, the largest population-representative survey of its kind in India, reported an overall weighted diabetes prevalence of 11.4% and a prediabetes prevalence of 15.3% among adults, alongside a generalised obesity prevalence of 28.6% and an abdominal obesity prevalence of 39.5%.^[11] These figures are cited here purely as descriptive background, not as evidence for or validation of the classical model; but the gap they illustrate between exposure to modern risk factors (excess caloric intake, sedentary habits, obesity — themselves strikingly close to the *Nidana* catalogued for *Kaphaja Prameha*) and actual disease prevalence is, in principle, exactly the space that *Vikara Vighataka Bhava* was framed to explain: not everyone with an unfavourable diet and lifestyle develops diabetes, and the classical texts locate that difference in the resisting or permitting state of the host.

The parallel should not be overstated. *Vikara Vighataka Bhava* is a qualitative, text-derived construct, not an operationalised, measurable variable; the factors said to constitute it — *Bala*, *Satmya*, *Satva*, *Prakriti*, *Agnibala* and the rest — have not, to this reviewer's knowledge, been correlated in controlled studies against the quantitative host-susceptibility markers used in contemporary diabetology (family history, insulin resistance indices, genetic risk scores, and the like). The present review is also a literary and conceptual one; it does not itself generate or test any such correlation, and the classical chapter/verse citations it relies on have been drawn chiefly from secondary published sources rather than verified line-by-line against physical editions by this author. Within these limits, the value of the concept lies less in offering a ready-made biomedical equivalence and more in the clinical habit of mind it encodes: that prognosis and treatment planning should weight the host's resisting capacity as heavily as the causative factor itself, and that strengthening this capacity — through *Ahara-Vihara* correction at the *Purvarupa* stage, *Rasayana*, and sustained *Dinacharya* — is as legitimate a therapeutic target as suppressing the *Dosha* directly. Future work combining textual scholarship with clinical correlation studies (for instance, testing whether classically described markers of *Bala* or *Agnibala* track with glycaemic trajectory in pre-diabetic cohorts) would be needed before any stronger claim of equivalence could be justified.

❖ CONCLUSION

Vikara Vighataka Bhava is not a peripheral or ornamental concept within classical Ayurvedic pathology; it is the variable that explains why disease expression is probabilistic rather than mechanical, and why identical exposure to a *Nidana* can yield entirely different clinical outcomes in different individuals. Its explicit definition inside the *Prameha Nidana*, and its direct use there to grade the curability of twenty varieties of *Prameha*, show that the concept was framed by the classical authors as a practical clinical tool rather than a theoretical abstraction. A sound grasp of this principle equips the physician to judge prognosis with greater precision, individualise treatment, and — perhaps most importantly — to direct therapeutic effort toward strengthening the patient's own resistance rather than treating the disease in isolation.

REFERENCES

1. Keriawar AG, Shettar RV. *Vikara Vighata Bhava* – concept of manifestation and non-manifestation of a disease. *J Ayurveda Integr Med Sci*, 2020 Aug; 5(4): 188–194.

2. Acharya YT, editor. Charaka Samhita of Agnivesha, with the Ayurveda Dipika commentary of Chakrapanidatta. Nidana Sthana, Chapter 4, Verse 4. Varanasi: Chaukhambha Surbharati Prakashan, 2013; ed. p.212.
3. Acharya YT, editor. Charaka Samhita of Agnivesha, with the Ayurveda Dipika commentary of Chakrapanidatta. Sutra Sthana, Chapter 28, Verse 7. Varanasi: Chaukhambha Surbharati Prakashan, 2013; ed. p.178.
4. Acharya YT, editor. Charaka Samhita of Agnivesha. Nidana Sthana, Chapter 1, Verse 18. Varanasi: Chaukhambha Surbharati Prakashan, 2005; ed. p.199.
5. Acharya YT, editor. Charaka Samhita of Agnivesha. Sutra Sthana, Chapter 9, Verse 4. Varanasi: Chaukhambha Surbharati Prakashan, 2013; ed. p.62.
6. Hebbar JV. Charaka Prameha Nidana: 4th chapter [Internet]. Bengaluru: Easy Ayurveda; 2016 [updated 2024 Nov 20; cited 2026 Sep 8]. Available from: <https://www.easyayurveda.com/charaka-prameha-nidana-4th-chapter/>
7. Raghu AL. Exploration of the concept of Vikara Vighata Bhava Abhava w.s.r. to Prameha. Ayurlog: Natl J Res Ayurved Sci, 2021; 9(02).
8. Shastri Navre HS, editor. Astanga Hridaya of Vagbhata. Sutra Sthana, Chapter 1, Verse 20. Varanasi: Chaukhambha Prakashan, 2002; ed. p.14.
9. Acharya JT, Acharya NR, editors. Sushruta Samhita of Sushruta. Sutra Sthana, Chapter 24, Verse 11. Varanasi: Chaukhambha Orientalia, 1994; ed. p.99.
10. Acharya YT, editor. Charaka Samhita of Agnivesha. Nidana Sthana, Chapter 1, Verse 2. Varanasi: Chaukhambha Surbharati Prakashan, 2013; ed. p.193.
11. Anjana RM, Unnikrishnan R, Deepa M, Pradeepa R, Tandon N, Das AK, et al. Metabolic non-communicable disease health report of India: the ICMR–INDIAB national cross-sectional study (ICMR–INDIAB-17). Lancet Diabetes Endocrinol, 2023; 11: 474–489.