

**A review on concepts of “Anukta vyadhi” in Ayurveda.****Sanjay G. Paikrao<sup>\*1</sup>, Arun S. Dudhamal<sup>\*2</sup>**

1. Assistant Professor,
2. Associate Professor and HOD,  
Dept. of Rognidan and Vikriti Vigyana, APM's Ayurved Mahavidyalaya,  
Sion, Mumbai- 400022, Maharashtra

**\*Corresponding Author: [drpaikrao@gmail.com](mailto:drpaikrao@gmail.com) 9922577551****Abstract:**

*Ayurved* is science of life having aim to maintain the health and eradication of the diseases. *Anukta* is one of the time tested principle of the *Ayurveda*, which give us the directions to understand the newly formed diseases, *Anukta vyadhi* are those *vyadhi* which are not explained in the *samhita*. *Acharya Charaka* mentioned that all diseases cannot labeled with some name, Unsaid diseases can be studied as *kupit dosha*, *hetu*, and their *sthan*. *Acharya chakrapani* comments that *Atidesha tantrayukti* is useful to getting the knowledge of unsaid/ hidden things. *Ayurvedic* classics advocate the concepts of the *Anukta vyadhi*. In a present era so many newly formed diseases are exiting which are not explained in *ayurved* classics, concept of *trividha bodhya sangraha* i.e. *Vikar Prakruti-Adhisthana-Samuthana* is useful to study the newly formed diseases. Here attempt is made to elaborate the concepts of *anukta vyadhi* and its diagnostic approach.

**Keyword:**

*Anukta vyadhi*, *Atidesha tantrayukti*, *Vikar prakruti*, *Adhisthana*, *Samuthana*

**Introduction:**

*Ayurveda* is science of life, having principle aim to maintain the health and eradication of the disease. The *samhita grantha* of *ayurveda* has explained many diseases with their sign and symptoms and proper line of treatment before thousands of year. As the time has been passed on the food habits, life style of human has been changed. There is drastic change in environment and climate also hence newly formed diseases are existing which were not explained in the *ayurved samhitas*. Such diseases are called *Anukta vyadhi*. Though there are several diseases which are not explained in *Ayurveda Samhita*, but our *samhita grantha* has explained how to study, diagnose, treat such diseases. Here the attempt has been made to elaborate the concept of *Anukta vyadhi*.

**Aims:**

- To study the concepts of *anukta vyadhi*.

**Objective:**

- To establish the methodology of evolution of *Anukta vyadhi*.
- To Suggest the diagnostic approach of the *Anukta vyadhi*

## Material and Method:

Conceptual references are taken from all *Ayurved samhita*. After studying the related concepts, the efforts has been made for a conclusion which based on discussion.

## Literature review:

### Concepts of *Anukta vyadhi*:

The dictionary meaning of *Anukta* is unsaid /unuttered/unheard or extraordinary things<sup>[1]</sup>. *Anukta vyadhi* means the *vyadhi* which are not explained or described in *Ayurved samhitas*. The concept of *anukta vyadhi* is taken from the specific *tantraukti* i.e. *atidesha*. *Atidesha tantrayukti* tell us how to study the all concern things which are not included in *Ayurved samhita* <sup>[2]</sup>. *Anukta vyadhi* are not included in *samhita* because the *vyadhi* are innumerable and it is not possible to describe the each and every upcoming newly formed *vyadhi*. These diseases may not exist that era. In *chikitsasthana* *Acharya Charaka* has mentioned that due to fear of expansion of *samhita* all the *vyadhi* are not described in *samhita*. What is used sometimes is not told because of the constraint of enlargement in volume of the *samhita* book. Probable reasons of *Anukta vyadhi* were not explained in *samhita* are inadequate time and material for the, innumerable *hetu* and *lxans*, new existing causative factors, continuous changes in diet and life style, continuous changes in environment also.

*Trividha hetus* of *vyadhi* are described in classics such as *Heen*, *Mithya*, and *Atiyoga* of *kala-artha-karm* respectively. Based on this principle we can understand the new emerging different *hetus* in the form of

changed pattern of *panchgyanendriya vishaya* [taste,vision,smell, auditory, touch], their *heen*, *mithya* and *atiyoga* can produces new different diseases<sup>[3]</sup>. As there is drastic change in life style there is huge change in the form of *prajnaparadh* and *parinam* i.e, *kala* which is responsible for newly formed diseases,

*Acharya* had a vision of fourth coming new diseases hence they explained the concepts of approaching the new diseases. The system is describe in general the learner should decide their specific and own applications as per necessities<sup>[4]</sup>. *Acharya Atreya* has said that even something is not stated in the text but that is prescribed in other sciences as a virtuous act such guidance is acceptable<sup>[5]</sup>. To understand the concept of *anukta vyadhi* one should learn the concepts of *vyadhi*, *vyadhi ghatakas*. Though the *anukta vyadhi* are not involved in *samhita* by their names and signs and symptoms but underlying pathology can be understand by the basic principles of *ayurveda*, They will give us a direction to think in terms of diagnosis and treatment of *anukta vyadhi*.

### General guidelines for diagnosis of *Anukta vyadhi*:

*Vaidya* should study the disease first on the patient by *rogi pariksha* and *rogpariksha* and thereafter the treatment should be chosen accordingly, this is the only way for a successful and proper management of the disease<sup>[6]</sup>. This principle can be applied to the *anukta vyadhi* also. *Acharya chakrapani* comments that *Atidesha tantraukti* is useful to getting the knowledge of unsaid/hidden things. Based on the methods followed to explain the exiting *vyadhi* in *samhita*, explanation of new



upcoming formed *vyadhi* [Anukta *vyadhi*] can be made. In context to *Anukta vyadhi* *Acharyas* have commented that *vaidya* need not to be ashamed when he is unable to name the *vyadhi* while diagnosing the *vyadhi*. It is not necessary to know the exact name of the particular *vyadhi*, as it is not possible all the time<sup>[7]</sup>. Concept of *trividha bodhya sangraha* has been described in *charaka samhita* which explains that three entities are should be taken in to consideration for knowing any new upcoming disease which is not explained in the *samhita* they are *Vikar Prakruti*, *Adhithana*, *Samuthana*<sup>[8]</sup>.

#### **Vikar Prakriti:**

While diagnosing the *Anukta vyadhi vikar prakruti* should be identify. Only *dosha dushti* are responsible for the production of disease but other *vyadhi ghatakas* also important while diagnosing the disease. *Dosha dushti* may be are of three type *ekdosaja*, *dwidoshaja*, *tridosaja*. We should identify the *dosha dushti* in *samprampti* of *anukta vyadhi*. *Prakruti* of the patient should be noted in regards *Dosha Prakruti* and *Manas Prakruti*. It is useful to understand the *Samprampti*, *Satva*, *Satmya*, *Bala*, *vyadhikshamatva*, *agni Sadhyasadhyatva*, *guru vyadhi*, *laghu vyadhi*. It is also useful to explain the *pathyapathya* and treatment to patient.

*Prakruti pariksha* involves the interrogation of mental and behavioral characters as well as the body characters. To know the *prakruti* of the patient we should apply the *trividh pariksha* i.e. *Darshan/Spershan/prashne pariksha*.

**Adhithana:** *Adhithana* is the location where the disease is manifested it is the place in the body where the *dosh-dushya*

*samurchana*[*sthanasamshraya*] is takes place. Single *dosha* can produce many *vyadhi* on the basis of *adhithana*, as the *dosha-dushya samurchanna* can be occur in any part of the body<sup>[9]</sup>. Basically we have two types of *vyadhi* by *adhithana bheda* viz *Sharir* and *manas*. But specific *adhithana* in the body should be identify as the *Anukta vyadhi* are concerned.

#### **Samuthana:**

In *trividha bodhya sangraha samuthana* means the causative factors of the diseases. While studying *anukta vyadhi* causative factors[*samuthana*] should be identify. Due to indulgence with causative factors *dosha* are vitiated and they produces the disease along with *dushya*. *Samuthana* leads to *ashaya sthana*[site] in a particular for the expression of disease, they are *amashaya* and *pakvashaya*.

*Sthana* is part of body from where early *samprampti* is begins to starts. In context to *sthana* we have two types of *Amashaya sthana vyadhi* –*Pakvashaya sthana* *pakvashaya sthana vyadhi*. *Aamashaya sthana vyadhi*- these *vyadhies* are *pitta*, *Kafa prakopjanya vikara*, it began to start from *Amashaya*. *Pakvashaya sthan vyadhies* are basically *vata prakopjanya vikara*, it began to start from *pakvashaya*.

*Samuthana* can be noted by the *trividha pariksha*, while noting *samuthana* one should indentify the *Aharaj hetu-viharaj hetu*-other *hetu* of *vyadhi*. By knowing *hetu* one can understand the vitiated *dosha*, *Anshansh kalpna* of *dosha*. One should also note the vitiation of specific *guna* of *dosha*. *Ahara* and *vihara* similar to the *dosha guna* leads the vitiation of *dosha* while the *Ahara* and



*vihara* opposite to *dhatu guna* leads the *dhatudushti*.

As the scope of perception is limited, unlimited is the scope of things known through the other sources of knowledge i.e. scriptural testimony, inferences and reasoning, knowledge of new unexplained diseases can be studied [10].

### Diagnostic approach to a *Anukta vyadhi*:

The symptoms of the increased and decreased *doshas* which has been described separately should be anticipated for other cases also. This principle can be applied to *anukta vyadhi*. Symptoms that manifest as a result of increased and decreased *dosha*, their combination with *dhatu* and *mala* both in their normal or abnormal conditions and in greater and lesser degree will be endless i.e. innumerable and can be understood only with a mind intellect on it [11].

*Ayurveda* classifies the disease diagnosis process in to two parts 1. *Rogi dyanopaya* [examination of patient] 2. *Rogdyanopaya* [examination of disease]. *Acharya charaka* states that the patient is the true element of the examination. Patient should be examine to assess the life span of the patient, to assess the strength of patient, to assess the strength of morbid pathology done by *doshas*, according to strength of disease and patient therapeutic measures can be applied [12]. This technique can be incorporate to diagnosis of *Anukta vyadhi*. *Acharya charaka* has also mentioned that *Vaidya* who minutely examines and determines the condition of *dushya*, *desh*, *bala*, *kala*, *anala*, *prakruti*, *vaya*, *satva*, *satmya*, *ahara* of patient and then decides the aggravated *dosha* and its

treatment, always attains success and does not wrongs in the treatment of the disease. [13]. While doing *Rogi-Rogpariksha*, *Paraman pariksha* can be applied. It is as fallows,

<i>Dvididha Pramana</i>	<i>Trividha Pramana</i>	<i>Chaturvidha Pramana</i>
<i>Pratyakhsha</i>	<i>Pratyakhsha</i>	<i>Pratyakhsha</i>
<i>Anuman</i>	<i>Anuman</i>	<i>Anuman</i>
	<i>Aptodesh</i>	<i>Aptodesha</i>
		<i>Ukti</i>

### *Rogidyanoya*:

- In *charak samhita* it is mentioned that the *vaidya* who knows the body and disease [after examining the] from all aspects, does not get confused while treating them [14].
- The patient should examine by *trividha pariksha Darshan/Shparshan/prashne*. The following are the different methods explained by different *acharyas*.

Sr. No.	Name of examination	Explained by
1	<i>Trividha Pariksha</i>	<i>Ashtang sangraha</i>
2	<i>Chaturvidha Pariksha</i>	<i>Adhunik vaidyaka</i>
3	<i>Panchavidha Pariksha</i>	<i>Charaka</i>
4	<i>Shadavidha Pariksha</i>	<i>Sushruta</i>
5	<i>Ashtavidha Pariksha</i>	<i>Yogratnakara</i>
6	<i>Dashavidha Pariksha</i>	<i>Charaka</i>
7	<i>Shadanga Pariksha</i>	<i>Charaka</i>
8	<i>Praman Pariksha</i>	<i>Charaka</i>
9	<i>Srotas Pariksha</i>	<i>Charaka</i>
10	<i>Dashvidha pariksha</i>	<i>Ashtang sangraha.</i>
11	<i>Ekadasha Pariksha</i>	<i>Sushruta</i>



### Summarized *Samanya rugnapariksha*:

Sr. No.	<i>Dashavidha Pariksha</i>	<i>Ashtavidha Pariksha</i>
1	<i>Prakruti</i>	<i>Nadi</i>
2	<i>Vikriti</i>	<i>Mala</i>
3	<i>Sar</i>	<i>Mutra</i>
4	<i>Samhana</i>	<i>Jivha</i>
5	<i>Pramana</i>	<i>Shabda</i>
6	<i>Satmya</i>	<i>Sparsh</i>
7	<i>Satva</i>	<i>Druka</i>
8	<i>Aharshakti</i>	<i>Akruti</i>
9	<i>Vyayam shakti</i>	
10	<i>Vaya</i>	

### Rog dyanopaya:

In *Ayurveda* the study of the disease in patient can be made by the five means of study they are called as *Nidana panchaka*. In case of *anukta vyadhi* we will not get the *Nidan panchaka* of *Anukta vyadhi* in our *Samhitas*, so need to study the *nidanpanchak* of a disease on the basis of history taking and clinical examination of the patient, needs to study the disease at every stage of *shatkriyakala*. According to *charakacharya* diseases are innumerable due to various factors like pain, color, causative factors, *sthan* [site], *laxans* [clinical features] and by names<sup>[15]</sup>. Each and every disease is differ from *dosh dushyadi samprapti ghataka*.

### Nidan Panchaka:

*Ayurveda* has mentioned the five means of study of the disease. They are as follows- *Nidana*, *Purvarupa*, *Rupa*, *Upshaya-Anupshaya*, *Samprapti*<sup>[16]</sup>. This is a unique diagnostic technique of *ayurveda* to diagnosis and understanding the disease which is called as *Nidan panchaka*. It has been clearly mentioned that all five component of *Nidan Panchaka* together are necessary to study and

diagnosis disease, one of the component of *Nidan panchak* is not enough for diagnosis. As *Nidan* and *Samprapti* give us the information about production of *vyadhi* they are called as *vyadhi utpatti dnyapti hetu* while *Purvarupa*, *rupa*, and *upshaya-anupshaya* are called *vyadhi dnyapti* as they gives us the information of *vyadhi* itself.

A wise *vaidya* should prepare thousands of *surra*, *mantha*, *asava*, *arishta*, *leha*, *churna*, *ayaskruti* on the basis of formulae described in the *samhita*<sup>[17]</sup>. In this way *Acharya charaka* has not only explained the methods of diagnosis of *anukta vyadhi* but also given directions for its treatment also.

### Discussions:

*Anukta Vyadhis* are those *Vyadhis* which are not described by *Acharyas*, probable reason behind this me lack of adequate time and material, innumerable causative factors[*hetu*] of diseases, innumerable of the diseases, continuous changes in diet and lifestyle of the people, continuous changes in the atmosphere, new pathogens etc. The newly formed *anukta vyadhi* are existing due to drastic change in life style, dietary styles, and changes occurring in the environment. Our *acharyas* were expecting this changes and newly formed diseases. So they had explained the methodology of studying the *Anukta vyadhi*.

The concept of *Anukta vyadhi* has taken from the *Atidesha tantrayukti*, which tells us to study the all concerning which are not included in *Ayurved Samhita*. *Ayurvedic* texts strongly emphasize that it is not necessary to name every disease. *Acharya charaka* mentioned that all diseases cannot labeled with some names. Methodology of the *anukta vyadhi* is illustrated in *samhita*. The understanding

of the disease in terms of *nidana* [etiology], *dosa* [dysfunction], and *dusya* [target tissues] as well as the stages of progress of the disease was considered to be crucial in succeeding in the treatment.

One can diagnose the *Anukuta vyadhi* on the basis of *Vikar Prakruti*, *Adhithan*, *Samuthana*, *rogi pariksha*, *rog pariksha*, and relevant investigation. *Vikar prakruti* means the involvement of the *dosha* in *samprati* of a *vyadhi* it should be identify along with the *anshansh kalpna*. *Adhithana* is the place in the body where the *dosha-dusya samurcchana* is taking place and the disease is manifested. *Samuthana* are the causative factors[*hetu*]. There are many types *hetu* has been explained in the *samhita*. Without causative factors diseases can not be produced. Indulgence with *hetu* leads the vitiation of *dosha*, *dosha* produces *dusya* *dushti*, *srotodushti*, *ama*, *agnimandya* etc. so while dealing with *anukuta vyadhi* these *vyadhi ghataka* and *Nidan panchaka* [*rogpariksa*] should be noted because the diagnosis and the treatment of the disease is depends on it.

Along with *trividha bodhya sangraha*, in *rogi pariksha Prakruti* of a patient can be identified by specific features which presents in patents. *Prakruti* should be noted in regards to *Dosha prakruti* and *Manas prakruti*. *Adhithana* of *vyadhi* should be noted, whether the disease is *sharir* or *manas*. *Sthana* is place in the body where the *dosh-dusya samurchana* has been occurred. According the *sthana* of the diseases there are two types of diseases viz *Amashaya Sthana*, and *pakwashaya sthana*. Detailed *rogi pariksha* and *rog pariksha* should be carried out then with the help of relevant investigations we can diagnose the *anukuta vyadhi*. As the scope of perception is limited, the unlimited is the scope of things known through the other sources of knowledge so we should use all possible modern tools to study the *Anukuta vyadhi*.

## Conclusion:

After reviewing the references regarding the *Anukuta vyadhi* it is conclude that the *Anukuta vyadhi* are existing due to drastic changes in life style, dietary habits and changes occurring in the environment and existing new various pathogens. Our *Acharyas* were expecting such type of diseases in future. So they had given the directives to study the new emerging diseases. *Ayurveda* believes that it is not possible to name each and every disease as some diseases were not explained in our *samhitas* due to fear of the expansion of the but our *samhita kara* has explained the methodology of diagnosis and treatment of such *Anukuta vyadhi*. *Anukuta vyadhi* can be *diagnose* on the basis of *rog pariksha* – *rogipariksha* along with *trividha bodhya sangraha* i.e. *Vikar Prakruti*, *Adhithan*, *Samuthan*. While dealing with *anukuta vyadhi* causative factor, group of *lakshana* and basic *vikriti* of the disease should be consider.



## References:

1. Sanskrit - English Dictionary, Sir Monier Williams, New edition, greatly enlarged and improved, with the collaboration of Prof. E. Leumann and Prof. C. Cappeller, Motilal Banarasidass Publishers-Delhi, corrected edition 2002, Page no. 31.
2. Agnivesha, Charak Samhita Vol-2, Charak Chandrika, Hindi commentary by Dr Bramhamanand Tripathi, forwarded by Dr Prabhakar Janardan Deshpande, Chaukhamba Surbharati Prakashan-Varanashi, reprint edition 2006, Ch -Si 12/42, Page No-1343.
3. Agnivesha, Charak Samhita Vol-1, Charak Chandrika, Hindi commentary by Dr Bramhamanand Tripathi, forwarded by Dr Ganga Sahay Pandey, Chaukhamba

- Surbharati Prakashan- Varanashi, reprint 6<sup>th</sup> edition 1999, Ch-Su 1/54, Page No 26
4. Mahrshi Shushruta's Shushrut Samhita, Edited with Susrutavimarsini Hindi commentary by Dr. Anant Ram Sharma, forwarded by Acharya Priya Vrat Sharma, Chaukhamba Surbharati Prakashan-Varanasi, reprint edition-2006, Uttartantra[Vol-3]Adhyaya 65/41, Page No-534.
  5. Agnivesha, Charak Samhita Vol-1, Charak Chandrika, Hindi commentary by Dr Bramhamanand Tripathi, forwarded by Dr Ganga Sahay Pandey, Chaukhamba Surbharati Prakashan- Varanashi, reprint 6<sup>th</sup> edition 1999, Ch-Su 8/34, Page No-206.
  6. Agnivesha, Charak Samhita Vol-1, Charak Chandrika, Hindi commentary by Dr Bramhamanand Tripathi, forwarded by Dr Ganga Sahay Pandey, Chaukhamba Surbharati Prakashan- Varanashi, reprint 6<sup>th</sup> edition 1999, Ch-Su 20/20, Page No-396.
  7. Agnivesha, Charak Samhita Vol-1, Charak Chandrika, Hindi commentary by Dr Bramhamanand Tripathi, forwarded by Dr Ganga Sahay Pandey, Chaukhamba Surbharati Prakashan- Varanashi, reprint 6<sup>th</sup> edition 1999, Ch-Su 18/44, Page No-378.
  8. Agnivesha, Charak Samhita Vol-1, Charak Chandrika, Hindi commentary by Dr Bramhamanand Tripathi, forwarded by Dr Ganga Sahay Pandey, Chaukhamba Surbharati Prakashan- Varanashi, reprint 6<sup>th</sup> edition 1999, Ch-Su 18/45-47, Page No-378.
  9. Agnivesha, Charak Samhita Vol-2, Charak Chandrika, Hindi commentary by Dr Bramhamanand Tripathi, forwarded by Dr Prabhakar Janardan Deshpande, Chaukhamba Surbharati Prakashan- Varanashi, reprint edition 2006, Ch-Chi 28/23, Page No 938.
  10. Agnivesha, Charak Samhita Vol-1, Charak Chandrika, Hindi commentary by Dr Bramhamanand Tripathi, forwarded by Dr Ganga Sahay Pandey, Chaukhamba Surbharati Prakashan- Varanashi, reprint 6<sup>th</sup> edition 1999, Ch-Su 11/07, Page No-226.
  11. Vagbhata's, Ashtangasangraha, with hindi commentary, by Kariraj Atrideva Gupta, forwarded by Rajvaidya Shri Nandkishor Sharma, Krishnadas Acaemy-Varanasi, reprint edition 2002, AS su 20/26 page 164
  12. Agnivesha, Charak Samhita Vol-1, Charak Chandrika, Hindi commentary by Dr Bramhamanand Tripathi, forwarded by Dr Ganga Sahay Pandey, Chaukhamba Surbharati Prakashan- Varanashi, reprint 6<sup>th</sup> edition 1999, Ch-Vi 8/94, Page No-758.
  13. Vagbhata's Ashtanghridyam, edited with the Vidyotini Hindi commentary by Kaviraj Atrideva Gupta, edited by Vidya Yadunandan Upadhyaya, AH su 12/67-68 page 95
  14. Agnivesha, Charak Samhita Vol-1, Charak Chandrika, Hindi commentary by Dr Bramhamanand Tripathi, forwarded by Dr Ganga Sahay Pandey, Chaukhamba Surbharati Prakashan- Varanashi, reprint 6<sup>th</sup> edition 1999, Ch-Vi 5/31, Page No-701.
  15. Agnivesha, Charak Samhita Vol-1, Charak Chandrika, Hindi commentary by Dr Bramhamanand Tripathi, forwarded by Dr Ganga Sahay Pandey, Chaukhamba Surbharati Prakashan- Varanashi, reprint 6<sup>th</sup> edition 1999, Ch-Su 20/03, Page No-387.
  16. Madhavakar's Madhava Nidanam, with Madhukosha Sanskrit



Commentary by Vijayrakshita and Srikanthadatta, Vidyotini Hindi commentary and notes by Shree Sudarshan Shastri, Revised and edited by Acharya Yadunandan Upadhyaya, Chaukhambha Sanskrit Sansthan-Varanasi, 23<sup>rd</sup> edition 1994, Vol-1, Adhyaya 01/04, Page 07.

17. Sushrut's Sushrutsamhita with NibandhSangrah commentary of Shri Dalhanacharya, edited by Vaidya Jadavji Trikamji Acharya-Narayanram Acharya, Chaukhambha Orientalia-Varanasi, 7<sup>th</sup> edition-2002, Su chi 10/16, Page 451.

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***Cite article:***

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***Ayurlog: National Journal of Research in Ayurved Science- 2018; (6)(1): 1-8***

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