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Review Article

UNDERSTANDING DISEASE RESISTANCE THROUGH *VIKARA VIGHATA BHAVA-ABHAVA*: AN AYURVEDIC APPROACH TO IMMUNITY

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ABSTRACT

The concepts of *Vikara, Vighata, Bhava* and *Abhava* provide an interesting conceptual basis for understanding the development, prevention and progression of disease. These concepts can further be explored in relation to *Vyadhikshamatva* and the contemporary understanding of immunity. **Aim:** To explore the concepts of *Vikara–Vighata Bhava–Abhava* in *Roga Nidan* and examine their possible correlation with immunity and host resistance. **Materials and Methods:** A narrative conceptual review was undertaken using classical Ayurvedic texts, particularly Charaka Samhita, Sushruta Samhita and Ashtanga Hridaya, along with published literature concerning *Vyadhikshamatva, Bala, Ojas* and immunity. Classical references were interpreted within their Ayurvedic context and subsequently compared with broad functional aspects of modern immunity. **Results:** *Vikara* can be understood as the manifestation of pathological disturbance, whereas *Vighata* may be considered in terms of interruption or opposition to the pathological process. *Bhava* and *Abhava* provide a conceptual framework for considering the presence or absence of disease-promoting and protective factors. These concepts can be discussed alongside *Vyadhikshamatva*, particularly its ability to prevent disease formation and to oppose the strength of an established disease. *Bala, Ojas, Agni* and *Prakriti* further contribute to the Ayurvedic understanding of individual variation in disease susceptibility. **Conclusion:** *Vikara–Vighata Bhava–Abhava* offers a useful conceptual model within *Roga Nidan* for understanding the dynamic relationship between disease manifestation and host resistance. Its relationship with modern immunity should currently be considered a conceptual correlation rather than a proven biological equivalence.

INTRODUCTION

Ayurveda approaches health and disease as dynamic processes influenced by the interaction of the individual with internal and external factors. Disease manifestation is not explained merely by the presence of a causative factor. The strength of *Nidana*, the condition of *Dosha* and *Dushya*, the status of *Agni*, the integrity of *Srotas* and the individual's resistance all influence the eventual expression of disease.

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This principle is clearly reflected in the following statement from Charaka Samhita:

न हि सर्वाण्यपथ्यानि तुल्यदोषाणि न च सर्वे दोषास्तुल्यबलाः ।
न च सर्वाणि शरीराणि व्याधिक्षमत्वे समर्थानि भवन्ति ॥

All unwholesome factors are not equally capable of producing *Dosha* vitiation; all *Doshas* are not of equal strength, and all individuals are not equally capable of resisting disease.[1]

This observation is particularly important in *Roga Nidan* because it emphasizes individual susceptibility. Two individuals may encounter a similar causative factor but may not necessarily develop the same disease or experience the same severity.

The modern concept of immunity also recognizes considerable variation in host response.

The outcome of exposure to an infectious or inflammatory stimulus depends upon the interaction between the causative agent and multiple host factors, including physical barriers, innate immunity, adaptive immunity and immune regulation.[2]

Ayurveda describes the broader concept of *Vyadhikshamatva*, which has been interpreted as the capacity to resist disease. Classical discussion and subsequent Ayurvedic literature describe two important dimensions: resistance against the development of disease and resistance against the strength or progression of an established disease.[3]

In this context, the concepts of *Vikara, Vighata, Bhava* and *Abhava* become relevant. *Vikara* broadly denotes pathological alteration or deviation from the normal state. *Vighata* conveys the idea of obstruction, interruption or counteraction. *Bhava* refers to presence or existence, while *Abhava* indicates absence or non-existence.

These concepts can therefore be examined as components of a dynamic model:

Nidana* → susceptibility → pathological process → *Vikara

versus

Nidana* → host resistance → *Vighata* → prevention or limitation of *Vikara

The present review attempts to explore this relationship while maintaining a distinction between classical Ayurvedic concepts and modern immunological terminology.

AIM

To explore the conceptual relationship between *Vikara–Vighata Bhava–Abhava* in *Roga Nidan* and immunity.

OBJECTIVES

1. To understand the significance of *Vikara* and *Vighata* in disease manifestation.
2. To examine *Bhava* and *Abhava* in relation to disease-promoting and protective factors.
3. To correlate these concepts with *Vyadhikshamatva*.
4. To discuss the possible contribution of *Bala, Ojas*, *Agni* and *Prakriti* to host resistance.
5. To identify possible areas for future interdisciplinary research.

MATERIALS AND METHODS

The present study was designed as a narrative. conceptual review. Classical Ayurvedic texts, including Charaka Samhita, Sushruta Samhita and Ashtanga Hridaya, were consulted for concepts related to disease causation, *Vikara, Bala, Ojas, Agni* and *Vyadhikshamatva.* Published reviews concerning Ayurvedic immunity and *Vyadhikshamatva* were also considered.[3-6]

The Ayurvedic concepts were first examined in their classical context and subsequently compared with broad functional aspects of contemporary immunity. The comparison was deliberately kept at the conceptual and functional level. *Vikara* was not equated with a particular pathological biomarker, *Vighata* was not equated with a specific immune cell or cytokine, and *Ojas* was not equated with a single immunological molecule.

RESULTS

Vikara: manifestation of pathological disturbance

The term *Vikara* broadly indicates an alteration or deviation from the normal state. In *Roga Nidan*, the clinical manifestation of disease results from interaction among *Nidana, Dosha, Dushya, Srotas, Agni* and individual susceptibility.

Charaka describes that *Doshas*, when in their normal state, contribute to healthy functions, whereas their pathological state produces *Vikara*:

सर्वशरीरचरास्तु वातपित्तश्लेष्माणः सर्वस्मिञ्छरीरे कुपिताकुपिताः शुभाशुभानि कुर्वन्ति।

प्रकृतिभूताः शुभान्युपचयबलवर्णप्रसादादीनि अशुभानि पुनर्विकृतिमापन्ना विकारसंज्ञकानि ॥[7]

This description highlights an important principle: the same physiological factors can contribute to either health or disease depending upon their state. From the perspective of modern medicine, disease similarly represents an interaction between an external or internal stimulus and the host's ability to maintain homeostasis. The manifestation of infection, for example, depends not merely upon exposure but also upon the host's defense mechanisms.[2]

Thus, *Vikara* may be conceptually represented as:

Nidana* + susceptible host + pathological interaction → *Vikara

Vighata: interruption or opposition to pathology

If *Vikara* represents pathological manifestation, *Vighata* can be explored as the interruption, obstruction or counteraction of the pathological process.

This concept becomes especially meaningful when considered alongside *Vyadhikshamatva*. The classical description in Charaka Samhita, Sutrasthana 28, emphasizes that individuals differ in their ability to resist disease.[1] Subsequent Ayurvedic interpretation identifies two functional dimensions of *Vyadhikshamatva*:

Vyadhi-utpada-pratibandhakatva – Resistance to the development of disease.

Vyadhi-bala-virodhitva– Capacity to oppose the strength of an already manifested disease.[3]

These two dimensions can be placed around the concept of *Vighata*:

Before disease manifestation

Protective capacity → *Vighata* → *Vikara* prevented

After disease manifestation

Vikara → *Vighata* → progression restricted / resolution facilitated

A functional parallel can be drawn with modern host defense. Physical barriers, innate immune mechanisms, adaptive immunity and regulatory pathways can prevent invasion, limit pathogen multiplication and contribute to resolution.[2] However, this should remain a functional comparison, rather than an assertion that *Vighata* represents a specific immunological pathway.

Bhava and *Abhava*

The concepts of *Bhava* and *Abhava* can be used to understand the presence and absence of factors participating in disease manifestation and resistance.

The presence of an appropriate *Nidana* may facilitate disease development, whereas its absence prevents that particular causal chain from beginning. Similarly, the presence of protective factors may support resistance, while their absence may increase susceptibility.

A conceptual model can therefore be expressed as:

Bhava* of *Nidana* + *Bhava* of susceptibility → possibility of *Vikara

and

***Bhava* of protective factors → *Vighata* → resistance**

Conversely:

***Abhava* of effective protective factors → reduced *Vighata* → increased susceptibility**

An important point is that *Abhava* should not automatically be interpreted as weakness. Its significance depends upon the factor under consideration.

For example, absence of a disease-causing factor may be protective, whereas absence of an effective defense mechanism may increase susceptibility. This distinction becomes particularly important when applying *Bhava–Abhava* to immunity.

Vyadhikshamatva as the Connecting Concept

Vyadhikshamatva provides the most appropriate Ayurvedic bridge between *Vikara–Vighata* and immunity. The concept is described as the body's capacity to resist disease and has been discussed in Ayurvedic literature in association with *Bala* and *Ojas*.[3-5]

The following classical statement from Charaka is particularly relevant:

न च सर्वाणि शरीराणि व्याधिक्षमत्वे समर्थानि भवन्ति ।[1]

Meaning: All bodies are not equally capable of resisting disease.

This short statement has considerable relevance to the present discussion because it acknowledges inter-individual variation in disease resistance.

Modern immunology also recognizes variation in susceptibility and immune response among individuals. Such differences may arise from age, genetics, nutritional status, previous exposure, vaccination, comorbid conditions and environmental factors.[2]

Therefore, the Ayurvedic and modern perspectives can be brought together at the level of individual variation in host resistance, while their theoretical frameworks remain distinct.

Bala and Host Resistance

Bala is an important Ayurvedic concept associated with physical strength, physiological stability and resistance.

Ayurvedic literature describes three broad forms of Bala:

1. ***Sahaja Bala*** – Inherent or natural strength.
2. ***Kalaja Bala***– Strength influenced by age and seasonal or temporal factors.
3. ***Yuktikrita Bala*** – Strength acquired or supported through appropriate nutrition, regimen and other interventions.[3,5]

A conceptual comparison may be made with determinants of host defense:

Ayurvedic concept	Broad interpretation	Possible modern area of comparison
Sahaja Bala	Inherent strength	Baseline host resistance
Kalaja Bala	Age/time-related variation	Age- and season-related variation
Yuktikrita Bala	Acquired or supported strength	Modifiable determinants of health

Ojas and Resistance to Disease

Ojas occupies a central position in Ayurvedic descriptions of vitality and bodily stability.

Sushruta describes *Ojas* as:

ओजः सोमात्मकं स्निग्धं शुक्लं शीतं स्थिरं सरम् ।
विविक्तं मृदु मृत्स्नं च प्राणायतनमुत्तमम् ॥[8]
देहः सावयवस्तेन व्याप्तो भवति देहिनः ।
तदभावाच्च शीर्यन्ते शरीराणि शरीरिणाम् ॥[8]

Ojas is described as soma-like, unctuous, white, cool, stable and pervasive, and is regarded as an important seat of vital functions. Its absence is associated with deterioration of the body.[8]

The verse illustrates that *Ojas* is a broad physiological concept concerned with vitality and stability. Contemporary Ayurvedic literature frequently discusses *Ojas* in relation to *Bala* and *Vyadhikshamatva*.[4-6]

However, *Ojas* should not be reduced to a particular immune cell, antibody or cytokine. Such an interpretation would unnecessarily narrow a multidimensional Ayurvedic construct.

Agni and Host Resilience

Agni is another fundamental concept relevant to the present discussion.

Charaka emphasizes the importance of *Agni* for nourishment, strength and maintenance of the body. A classical statement is:

आयुः वर्णो बलं स्वास्थ्यमुत्साहोपचयौ प्रभा ।
ओजस्तेजोऽग्नयः प्राणाश्चाग्नौ प्रतिष्ठिताः ॥[9]

Longevity, complexion, strength, health, enthusiasm, nourishment, radiance, *Ojas, Tejas* and *Prana* are dependent upon *Agni*.[9]

This statement places *Agni* within a broad physiological framework rather than limiting it to digestion alone. Modern research recognizes relationships between nutrition, metabolism, gastrointestinal function and immune regulation. However, *Agni* should not be directly equated with digestive enzymes, metabolic rate or immune function.

A reasonable conceptual interpretation is that *Agni* represents one of the upstream determinants of physiological resilience, which may indirectly influence resistance to disease.

Integrated conceptual model

Based on the above discussion, the relationship may be represented as:

Nidana
↓
Host–*Nidana* interaction
↓
Prakriti + Bala + Agni + Ojas + Dosha–Dushya status
↓
Bhava / Abhava of disease-promoting and protective factors
↓
Vighata
↓
Disease prevented or limited
OR
↓
Inadequate *Vighata*
↓
Vikara
↓
Progression / containment / resolution according to host resistance

This model is proposed as a conceptual framework for *Roga Nidan*, rather than as an experimentally validated biological pathway.

DISCUSSION

The present review indicates that *Vikara–Vighata Bhava–Abhava* can provide a useful conceptual approach to understanding disease manifestation and resistance.

The central observation is that disease does not occur in isolation from the host. A *Nidana* may be present, but whether it produces a clinically significant *Vikara* depends upon the interaction between the causative factor and the individual's susceptibility and resistance.

Charaka's statement that not all bodies are equally capable of resisting disease is particularly important in this context.[1] It suggests that individual variation is an intrinsic consideration in Ayurvedic disease assessment.

Modern immunology reaches a broadly similar observation from a different theoretical pathway: exposure to a potentially harmful organism does not necessarily result in clinically significant disease. Host barriers, innate and adaptive immune mechanisms and immune regulation influence the eventual outcome.[2]

Vikara and immune dysfunction

Vikara should not simply be interpreted as "low immunity."

Disease can result from inadequate host defense, but it can also arise from excessive inflammatory responses, immune dysregulation, metabolic disturbances, structural abnormalities and several other mechanisms.

Therefore, the more appropriate interpretation is that *Vikara* represents the clinical expression of a disturbed biological state, of which altered immune function may be one component depending upon the disease.

Vighata and disease resistance

Vighata provides an interesting conceptual link with *Vyadhikshamatva*.

If a potentially harmful stimulus is encountered but the pathological process does not progress into clinically significant disease, the body's resistance can

be understood conceptually as having opposed or interrupted the process.

Similarly, when an established disease remains limited or resolves, mechanisms opposing disease progression have operated.

This interpretation corresponds functionally with the two dimensions traditionally discussed under *Vyadhikshamatva*: preventing disease formation and opposing disease strength.[3]

Bhava–Abhava and individual susceptibility

Bhava–Abhava offers a useful way to discuss why disease may develop in one person but not another. For example, the presence of an appropriate *Nidana* is necessary for certain diseases, but the presence of *Nidana* alone may not be sufficient to determine severity. Similarly, the presence of adequate host defense may limit the pathological process, whereas deficiency or impairment of relevant protective factors may increase susceptibility.

Immunity is not simply "more is better"

An important point emerging from this comparison is that immunity should not be understood merely as the magnitude of an immune response. An insufficient response may permit disease progression, whereas excessive or poorly regulated inflammation can itself produce tissue damage.

Consequently, effective host defense requires appropriate, coordinated and regulated responses, rather than simply maximal immune activity. This idea has a conceptual resemblance to the Ayurvedic emphasis on equilibrium and physiological balance.

Clinical relevance to *Roga Nidan*

The proposed framework can be useful in clinical reasoning.

When assessing a patient, the physician may consider:

- What is the relevant *Nidana*?
- What *Vikara* has manifested?
- Which *Dosha* and *Dushya* are involved?
- Why did the same exposure produce a different response in this individual?
- What factors may have produced *Vighata*?
- What factors may have weakened resistance?
- Is the disease progressing or being contained?
- What factors may support restoration of normal physiology?

Such an approach shifts attention from simply naming the disease to understanding why the disease manifested and how the host is responding to it.

Scope for future research

The conceptual model proposed in this article can generate several research questions. For example, future studies may examine whether systematically assessed Ayurvedic parameters such as *Bala, Ojas, Agni* and *Vyadhikshamatva* show measurable associations Such studies should employ clearly defined Ayurvedic assessment criteria, appropriate controls, reproducible methodology and objective clinical or laboratory outcomes.

CONCLUSION

The concepts of *Vikara–Vighata Bhava–Abhava* provide an interesting conceptual framework within *Roga Nidan* for understanding the dynamic interaction between disease-producing factors and host resistance.

Vikara may be understood as the manifestation of pathological disturbance, while *Vighata* can be considered as the interruption or opposition of the pathological process. *Bhava* and *Abhava* provide a further framework for understanding the presence or absence of disease-promoting and protective factors.

When examined alongside *Vyadhikshamatva, Bala*, *Ojas, Agni* and *Prakriti*, these concepts offer a broader explanation of individual variation in disease susceptibility.

The relationship can therefore be summarized as:

Nidana → Host interaction → *Vighata* / resistance → *Vikara* prevented or limited

or

Nidana→ inadequate *Vighata*→ *Vikara* manifestation→ progression or resolution according to host resistance.

The proposed relationship with modern immunity is presently best regarded as conceptual and functional, not as a direct molecular equivalence. Further clinical, experimental and translational research is necessary to determine whether these Ayurvedic constructs can be operationalized and correlated with measurable immunological outcomes.

REFERENCES

1. Agnivesha. Charaka Samhita, with Ayurveda Dipika commentary of Chakrapanidatta. Yadavji Trikamji Acharya, ed. Varanasi: Chaukhambha Surbharati Prakashan. Sutrasthana 28/7.
2. Abbas AK, Lichtman AH, Pillai S. Cellular and Molecular Immunology. Elsevier. Standard reference for innate and adaptive host defense.
3. Sajwan A, Joshi A, Thakur BK. Concept of Vyadhikshamatvam. Journal of Ayurveda and Integrated Medical Sciences. 2023; 8(7): 134–138. doi:10.21760/jaims.8.7.25.
4. Pradeep K, Lawrence S, Princy VP, Sumi S. The concept of immunology in Ayurveda – A critical review. Kerala Journal of Ayurveda. doi:10.55718/kja.126.
5. Parate MM, Jain V. Ayurveda Concept of Immunity and Biological Factors Associated with Immunity.

Himalayan Journal of Health Sciences. 2022; 7(2): 13–15. doi:10.22270/hjhs.v7i2.127.
6. Sachan I, Rathor C, Kumar H. An overview of Vyadhikshamatva (Immunity) in the promotion of health. Journal of Ayurveda and Integrated Medical Sciences. 2024; 9(10): 90–94. doi:10.21760/jaims.9.10.13.
7. Sushruta. Sushruta Samhita, with Nibandha Sangraha commentary of Dalhana. Yadavji Trikamji Acharya, ed. Varanasi: Chaukhambha Sanskrit Sansthan. Sutrasthana 15/21–22.
8. Sushruta. Sushruta Samhita, Sutrasthana 15/21–22. The classical description of Ojas.
9. Vagbhata. Ashtanga Hridaya, with commentaries. Sutrasthana 11/37–40.
10. Charaka. Charaka Samhita, Sutrasthana 17/75 and Chikitsasthana 24/31,
11. Waghe SD, Deshmukh SP. Critical analysis of Ayurvedokta Vyadhikshamatva concept with reference to modern immunity. National Journal of Research in Ayurved Science. 2019; 7(2). doi:10.52482/ayurlog.v7i02.348.
12. Sharma BD, Sharma DN. A conceptual study regarding immunity in Ayurveda. International Journal of Ayurveda and Pharma Research. 2016; 4(1).

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