



ORIGINAL RESEARCH
ARTICLE

Received : 2 Sept 2026

Revised : 16 Sept 2026

Accepted : 23 Sept July 2026

Published : 30 Sept 2026

THE CONCEPT OF VYADHISANKARA IN
AYURVEDA: A CRITICAL REVIEW AND
CONCEPTUAL ANALYSIS

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ABSTRACT

Background: The entity responsible for causing *dukha* to *sharira* and *manas* is *vyadhi*. *Dosha satmya* is a fundamental concept in Ayurveda, which emphasizes that the equilibrium of *tridosha* is essential for maintaining *arogata*. Disturbance of this physiological balance results in the manifestation of *vyadhi*. *Trisutra siddhanta* elucidates the three fundamental principles of disease, namely *hetu* (etiology), *linga* (symptomatology) and *aushadha* (therapeutics), specifically in *atura*. A collection of *lakshana* constitutes *vyadhi*, whereas the coexistence of multiple *vyadhis* is referred to as *vyadhisankara*.

Objective: The primary objectives of this article are to elucidate the concept of *vyadhisankara*, explore its underlying mechanisms and clinical significance and examine its relationship with the concepts of *upadrava* and *nidanartakara roga*.

Methods: Relevant Ayurvedic literature was reviewed to analyse the concept of *vyadhisankara*, including its definition, mechanisms and clinical presentation, with particular emphasis on the descriptions provided by Acharya Charaka. The concepts of *upadrava* and *nidanartakara roga* were also examined to clarify their relationship with *vyadhisankara* further.

Results: *Vyadhisankara* represents a unique clinical condition characterised by the simultaneous presence of more than one disease in an individual. This concept provides a framework for understanding the diversification of *samprapti* occurring at different levels within the same individual at a given point in time. Acharya Charaka describes two distinct mechanisms responsible for *vyadhisankara*. In one, multiple diseases arise simultaneously from a common *nidana*, leading to different *vyadhi* in the same individual. In the other, one *vyadhi* develops from another, with both diseases coexisting while sharing certain common features. The clinical presentation of *vyadhisankara* poses considerable challenges in differential diagnosis and treatment planning. Furthermore, the concepts of *upadrava* and *nidanartakara roga* often create ambiguity in understanding *vyadhisankara*.

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Conclusion: *Vyadhisankara* is a distinct Ayurvedic concept that describes the coexistence of multiple *vyadhis* within the same individual through different mechanisms. A conceptual understanding of *vyadhisankara*, along with its differentiation from *upadrava* and *nidanartakara roga*, may provide greater clarity in interpreting disease manifestation and facilitate appropriate clinical assessment and treatment planning.

Keywords: *Vyadhi*, *Vyadhisankara*, *Upadrava*, *Nidanartakara roga*

1. INTRODUCTION

While considering the *samanya samprapti* of a *vyadhi*, the first three stages of *shat kriyakala*, namely *sanchaya*, *prakopa* and *prasara*, pertain to the vitiation of *dosha*. *Nidana sevana* is the primary cause for the onset of *vyadhi*¹. During *prasara*, the morbid *dosha* begin to move from its principal abode. The *dosha* that has crossed the *prasaravastha* subsequently afflicts the *srotas* and *dhatu*. *Kha vaigunya*, together with *sthanasamshraya*, followed by *srotodushti*, ultimately leads to the involvement of different *rogamarga*². The *vyakta* stage is characterised by the manifestation of specific signs and symptoms indicative of a particular *vyadhi*, and it culminates either in remission or in the development of *upadrava*. The concept of *Vyadhisankara* is described under *Apasmara Nidana* in *Charaka Nidana Sthana*, followed by the concepts of *Hetu sankara*, *Linga sankara* and *Nidanartakara roga*. Chakrapani defines *vyadhisankara* as *vyadhimelaka*³ signifying a cluster or group of *vyadhi*. It is also considered *krichratama*, as the simultaneous involvement of multiple *srotas* makes its management difficult⁴. The two principal causes responsible for the manifestation of *vyadhisankara* are *aparishuddha chikitsa* and *anyonyasambhava*⁵. Due to *nidana sevana*, *doshas* undergo vitiation and *prasara*. In an individual having different sites of *kha-vaigunya*, the vitiated *doshas* may undergo localization at different *sthanas*.

Consequently, different *dosha-dushya sammurchana* involving different *dushya/srotas* may occur, giving rise to distinct *sampraptis* and ultimately to two or more distinct *vyadhis* occurring simultaneously. This coexistence of multiple diseases is understood as *vyadhisankara*. For instance, although *Kushta* and *Prameha* are both *santarpanajanyokta*, the addition of *vegadharana* and *atapa sevana* may lead to their coexistence in the same individual. Following *kha vaigunya*, *dosha-dushya sammurchana* occurs at different *dhatu*, thereby giving rise to two distinct *samprapti*. The subsequent manifestation of *roopa* depends upon the nature of the affected *sthana* and *dushya*. Furthermore, variations in the causative factors responsible for the vitiation of *dosha* and *dushya vishesha* facilitate *dosha-dushya sammurchana* through *paraspara balavardhanam*, resulting in the manifestation of *Aparisankhya Vyadhi*^{6,7}. Consequently, different combinations of *dushya* at various *sthana* give rise to a cluster of diseases at *vyaktavastha*, and this clinical presentation constitutes *vyadhisankara*.

METHODOLOGY OF REVIEW

A narrative review of the relevant Ayurvedic classical literature and contemporary published literature was undertaken to analyse the concepts of *samprapti*, *vyadhi*, *vyadhisankara*, *nidanartakara roga* and *upadrava*. Classical Ayurvedic texts, including *Charaka samhita*, *Susruta samhita* and *Ashtanga Hrudaya*, along with their respective commentaries, were reviewed for relevant descriptions of these concepts. Published review articles related to *vyadhisankara* were also identified through Google Scholar and relevant journal sources. The retrieved literature was reviewed and conceptually analysed with emphasis on the definition, mechanisms, clinical significance and conceptual relationship of *vyadhisankara* with *upadrava* and *nidanartakara roga*.

AIM & OBJECTIVES

The aim of this review is to provide a comprehensive conceptual understanding of *vyadhisankara* based on the relevant Ayurvedic literature. The objectives of the review are;

- To analyse the concept of *vyadhisankara* as described in classical Ayurvedic literature
- To explore the different mechanisms underlying the manifestation of *vyadhisankara*
- To examine the clinical significance of *vyadhisankara* in relation to differential diagnosis and treatment planning
- To clarify the conceptual relationship and distinction between *vyadhisankara*, *upadrava* and *nidanartakara roga*

DISCUSSION

The two important causes responsible for the manifestation of *vyadhisankara* are *aparishuddha chikitsa* and *anyonyasambhavat*. *Aparishuddha chikitsa* refers to the occurrence of a group of diseases due to the administration of improper treatment. *Shuddha chikitsa* should not produce complications after treatment or lead to the vitiation of another *dosha*, even though it successfully cures the primary disease⁸. For example, in *amatisara*, administration of *stambhana* may lead to the co-occurrence of *shoola*, *anaha*, *adhmana*, etc. Due to *nidana sevana*, *agnimandya* occurs, resulting in the manifestation of *ajeerna*, followed by *ama* formation. This involves *dushti* of both *samana* and *apana vata*, *pachaka pitta* and *kledaka kapha*. The *dushti* occurs in *koshta* and *pakwamashaya*, along with increased *dravata* of *pureesha* in *pakwamashaya*. The *samprapti* ultimately culminates in *atisara*. Here, if *stambhana* is administered as *aparishuddha chikitsa*, it may lead to stagnation of *ajeerna anna* in *amashaya*, further progressing to the *ama visha* stage. As a result, a number of diseases may occur simultaneously, viz., *shoola*, *anaha* and *adhmana* along with *atisara*.

Thus, the *samprapti* bifurcates following *aparishuddha chikitsa* and leads to a group of different *vyadhis* having some mutual features. Consequently, this condition represents *vyadhisankara*⁹. The second important cause described for *vyadhisankara* is *anyonyasambhavat*. It indicates the tendency of one disease to cause another and vice versa, owing to similarities or interrelationships in their *nidana*, *dosha* or *adhishtana (dushya)* aspects. According to the commentary of Chakrapani, *anyonyasambhavat* is explained as *parasparakaranatwat*¹⁰. An example is given in which *kasa* and *rajayakshma* manifest from *pratishyaya*¹¹. When all these diseases coexist simultaneously, the condition can also be considered as *vyadhisankara*. Similarly, manifestation of *jwara* due to continued *nidana sevana* causes *deha santapa*. If the patient continues with further *nidana sevana*, it may lead to *ushna* and *drava guna vridhhi* of *pitta dosha*, thereby causing *raktavaha srotodushti*. The combination of *dushta pitta* and *rakta* takes place at *yakrut* and *pleeha*, showing *urdhwapravriti* and *adhopravriti* of *rakta*, thereby manifesting as *raktapitta*¹². As *jwara* and *raktapitta* are both *pitta pradhana janya vyadhis*, there may be a possibility of manifestation of *jwara* from *raktapitta* through a *sahakari-samavayi* relation. Apart from these two principal causes, neglecting *nidana parivarjana* and improper *vyadhi vinischaya* may also be considered as probable causes of *vyadhisankara*. Intake of *snigdha*, *guru* and *abhisyandi ahara* can cause *pratishyaya*. If *nidana parivarjana* is neglected, the condition may progress to *kasa roga*. The simultaneous existence of both *pratishyaya* and *kasa* can thus represent a *vyadhisankara awastha*. Similarly, *ullekhana* followed by *snehapana* is considered the appropriate line of treatment in *visarpa*. If *visarpa* is misdiagnosed as *kaphaja kushta* and *snehapana* followed by *shodhana* is administered, it may result in suppuration of *twak*, *mamsa* and *rakta*¹³.

Rather than being limited to theoretical narration, the concept of *vyadhisankara* has significant practical utility, particularly in differential diagnosis. Although concepts such as *upadrava* and *nidanartakara roga* are distinctly described in Charaka Samhita, their clinical presentations may sometimes overlap, leading to confusion in their understanding. However, these concepts are not identical to one another. Therefore, certain distinguishing points need to be considered to clearly differentiate them in the context of *vyadhisankara*. Therefore, an assumptive benchmark is essential for *vyadhisankara*, i.e.,

- A group of different *vyadhis* should develop and co-exist simultaneously in an individual from a common *nidana*/cause
- The particular *vyadhis* may possess some mutual features, i.e., a *sahakari-samavayi* relation between them
- *Vyadhi pratyanka chikitsa* is an accurate and appropriate approach in *vyadhisankara*, as the individual *vyadhis* may possess distinct clinical features and *vyadhi swabhava*, necessitating disease-specific therapeutic management

Concept of Upadrava and Vyadhisankara: *Upadrava* develops due to *dosha prakopa* associated with the *pradhana vyadhi*¹⁴. Continuation of *nidana sevana*, absence of *nidana parivarjana* and negligence or improper treatment of the primary disease may lead to the development of *upadrava*. It manifests in the tertiary phase, i.e., at the *bhedavastha* of *shat kriyakala*. Acharya Charaka states that it manifests at *rogottara kala*¹⁵. Normally, *upadrava* subsides with the attenuation of the *pradhana vyadhi* and therefore, need not be considered as a separate disease entity¹⁶. Hence, there is no need for special treatment of *upadrava* unless it becomes a *sthoola upadrava*. *Vyadhisankara* refers to the co-existence of more than one distinct disease in an individual at a given time. These groups of diseases manifest at the *vyaktavastha* of *shat kriyakala*.

As it is a complex condition, either *dosha pratyanka chikitsa* or *vyadhi pratyanka chikitsa* may be implemented based on the severity of the diseases. Except for *aparishuddha chikitsa* as a common causative factor in both *upadrava* and *vyadhisankara*, all other features are independently characteristic of their respective concepts. However, an important question arises: can the existence of a *pradhana vyadhi* along with its *upadrava* be considered as *vyadhisankara*? This question can be further examined and justified by comparing the conceptual subjective aspects of *upadrava* with the benchmark criteria of *vyadhisankara*, as presented in the following table (Table No.01).

(Table No.01) Eg: *Kasa roga* develops as *upadrava* of *pratishyaya*

Sl. No.	W. R. To Benchmark criteria of <i>Vyadhisankara</i>	W. R. To Conceptual subjective aspects of <i>Upadrava</i>
1	A group of different vyadhis should develop and co-exist simultaneously in an individual from a common <i>nidana</i> /cause	Particular <i>aharaja</i> and <i>viharaja nidana</i> are explained for <i>pranavaha srotodushti vikara</i> . <i>Kasa roga</i> develops as an <i>upadrava</i> of <i>pratishyaya</i> due to further <i>nidana sevana</i> and improper treatment. <i>Kasa</i> develops at the <i>bhedavastha</i> of <i>pratishyaya</i> . Furthermore, both vyadhis are not manifested simultaneously from a single cause. Hence, their co-existence does not fulfil the benchmark criteria of <i>vyadhisankara</i>
2	The particular vyadhis may possess some mutual features, i.e., a <i>sahakari-samavayi</i> relation between them	Both <i>pratishyaya</i> and <i>kasa</i> are <i>pranavaha srotodushti</i> vikaras and share similar <i>dosha</i> and <i>dushya</i> involvement in their <i>samprapti</i> . Thus, both diseases may have a <i>samavayi</i> relation between them. This may suggest the possibility of <i>anyonyasambhavat</i> and consequently, may fulfil one of the conditions of <i>vyadhisankara</i>
3	<i>Vyadhi pratyanka chikitsa</i> is an accurate and appropriate approach in <i>vyadhisankara</i> , as the individual vyadhis may possess distinct clinical features and <i>vyadhi swabhava</i> , necessitating disease-specific therapeutic management	Specific treatment is not always required for <i>upadrava</i> unless it attains the <i>sthoola</i> type

The majority of the points suggest that the existence of a *pradhana vyadhi* along with its *upadrava* cannot be considered as *vyadhisankara*.

Concept of *Nidanartakara roga* and *Vyadhisankara*: Another concept that may mimic *vyadhisankara* is *nidanartakara roga*. In this concept, one disease is responsible for the manifestation of another disease, and it is described as being of two types: *ekartakari* and *ubhayartakari*¹⁷. In *ekartakari*, the primary disease may subside following the manifestation of the secondary disease, whereas in *ubhayartakari*, both the primary and secondary diseases continue to exist simultaneously¹⁸. Therefore, an important question arises: when both diseases exist simultaneously, can *ubhayartakari nidanartakara roga* be considered as *vyadhisankara* or not? The differentiation has been made on the basis of examination and justification by comparing the conceptual subjective aspects of *nidanartakara roga* with the benchmark criteria of *vyadhisankara*, as presented in the following table (**Table No.02**).

(Table No.02) Eg: *Raktapitta* originates from *jwara*

Sl. No.	W. R. To Benchmark criteria of <i>Vyadhisankara</i>	W. R. To Conceptual subjective aspects of <i>Nidanartakara roga</i>
1	A group of different vyadhis should develop and co-exist simultaneously in an individual from a common <i>nidana</i> /cause	<i>Raktapitta</i> is considered as <i>nidanarthakara roga</i> of <i>jwara</i> . Specific <i>aharaja</i> and <i>viharaja</i> <i>nidan</i> as are described for the manifestation of <i>Jwara</i> , and prolonged <i>jwara santapa</i> can subsequently contribute to the development of <i>Raktapitta</i> . Thus, <i>Raktapitta</i> may arise as a complication/sequela of <i>Jwara</i> , and both diseases need not necessarily manifest simultaneously from a single common cause
2	The particular vyadhis may possess some mutual features, i.e., a <i>sahakari-samavayi</i> relation between them	<i>Jwara</i> is primarily a <i>rasavaha srotodushti vikara</i> , whereas <i>Raktapitta</i> is a <i>raktavaha srotodushti vikara</i> ; therefore, they do not involve the same <i>dosha-dushya</i> in their <i>samprapti</i> and do not share a <i>samavayi</i> relation. This may suggest the absence of <i>anyonyasambhava</i> and consequently, non-consideration of <i>vyadhisankara</i> , even though <i>Raktapitta</i> may develop as a <i>nidanartakara roga</i> following <i>jwara</i> . In contrast, <i>Kasa</i> developing from <i>Pratishyaya</i> is another example of <i>nidanartakara roga</i> , but both are <i>pranavaha srotodushti vikaras</i> and may involve the same <i>dosha-dushya</i> factors with a <i>samavayi</i> relationship. This supports <i>anyonyasambhava</i> and explains the possibility of <i>vyadhisankara</i> between the two conditions

3	<i>Vyadhi pratyanka chikitsa</i> is an accurate and appropriate approach in <i>vyadhisankara</i> , as the individual <i>vyadhis</i> may possess distinct clinical features and <i>vyadhi swabhava</i> , necessitating disease-specific therapeutic management	The treatment of a <i>nidanartakara roga</i> depends upon the intensity, severity and occurrence of the disease. When the <i>nidanartakara roga</i> manifests with sufficient severity, specific treatment directed toward that disease should be administered, rather than treating only the primary disease
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Likewise, in delineating the two principal causes of *Vyadhisankara*, the concepts of *Upadrava* and *Nidanartakara roga* can also be differentiated. This distinction helps to clarify the understanding of differential diagnosis in Ayurveda. Pragmatically, a condition may be considered as *vyadhisankara* when the following features are present:

- Presence of two or more distinct *vyadhis* simultaneously in the same individual
- A common *nidana* contributes to the manifestation of the group of diseases or the co-existence of the diseases
- The *Anubandha vyadhi* should manifest with its own characteristic *lakṣhaṇas*, even when it has a *samavayi* relationship with the *anubandhya vyadhi*

Thus, simultaneous occurrence of multiple distinct diseases with a common etiological basis and their own identifiable clinical features forms the practical basis for recognizing *vyadhisankara*.

FUTURE PERSPECTIVES

The concept of *Vyadhisankara* warrants further clinical and conceptual exploration to establish its relevance in contemporary clinical practice. Future studies may focus on evaluating its clinical presentation and progression, as well as clarifying its conceptual distinction from *upadrava* and *nidanartakara roga*. Such investigations may contribute to a more systematic understanding and clinical application of *Vyadhisankara*.

CONCLUSION

Concept of *Vyadhisankara* has not been explicitly elaborated in other classical Ayurvedic texts and is primarily understood through the interpretation of the two causative factors responsible for *vyadhisankara*. A clear delineation of *Upadrava* and *Nidanarthakara roga* is therefore essential for understanding and differentiating such complex clinical conditions. The interpretation of these unique concepts assumes considerable clinical significance, as they may provide a framework for understanding the innumerable and often overlapping manifestations encountered in day-to-day clinical practice. Patients frequently present with multiple signs, symptoms and disease manifestations, making it imperative for the physician to discern whether an associated condition represents an *Upadrava* or a *Nidanarthakara roga*. Such differentiation at an appropriate stage may facilitate a more precise assessment of the disease process and aid in selecting an appropriate therapeutic strategy. In the management of *Vyadhisankara awastha*, the physician must exercise particular clinical discretion to determine the predominant pathological process and its interrelationship with associated conditions. Furthermore, while adopting *Dosha pratyanka chikitsa* or *Vyadhi pratyanka chikitsa*, the physician should remain vigilant regarding their possible influence on the other coexisting disease manifestations. Treatment directed toward one condition should not inadvertently aggravate, obscure or interfere with the management of another.

Thus, interpretation of these distinctive Ayurvedic concepts is not merely of theoretical importance; rather, it may offer valuable clinical insight into the assessment and management of complex, multifactorial and overlapping health conditions encountered in contemporary practice.

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