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**Principles of Upadrava Siddhānta: Understanding and Managing Complications in Ayurveda**  
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Abstract

**Introduction:**

Ayurveda, a holistic system of medicine, emphasizes the importance of maintaining health and addressing diseases through a balanced approach. *Upadrava Siddhānta*, which refers to complications arising during the progression of a primary disease, is a key concept in Ayurvedic pathology. Understanding *Upadrava* is crucial for accurate diagnosis, prognosis, and treatment in Ayurveda. This study aims to analyze the principles of *Upadrava Siddhānta* and its clinical relevance in managing complications.

**Methods:**

This conceptual review analyzes Ayurvedic classical texts, such as *Caraka Samhitā*, *Sushruta Samhitā*, and *Aṣṭāṅga Hṛdaya*, alongside modern literature. The review focuses on the classification of *Upadrava*, its connection to primary diseases (*Vyadhi*), and the Ayurvedic treatment methods for managing

complications.

**Results:**

*Upadrava* is classified into *Sthula* (major complications) and *Anu* (minor complications). Both share the same dosha imbalance as the primary disease. Treatment should either target the *Upadrava* first if severe, or complement the primary disease treatment if the *Upadrava* is weak. Clinical examples from *Madhavanidana* illustrate complications in diseases like *Ajeerna*, *Raktapitta*, and *Prameha*.

**Discussion:**

Timely identification and management of *Upadrava* are essential for preventing further complications. By addressing both the primary disease and its complications, Ayurvedic principles offer a holistic framework for treatment. Integrating Ayurvedic and modern practices could enhance the management of complications, and future clinical studies could validate these approaches in contemporary settings.

**Keywords:** *Siddhānta, Ayurveda, Complications, Primary Disease, Nidanarthakararog, Upadrava*

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## Introduction

Ayurveda, an ancient system of medicine, emphasizes holistic health through the balance of the *Atma* (soul), *Indriya* (senses), and *Manas* (mind), in harmony with the *Vata*, *Pitta*, and *Kapha* doshas. Health is defined as a state of equilibrium in these fundamental aspects, while disease emerges from imbalances in these doshas. According to *Acharya Carakaa*, one of the founding authorities of Ayurvedic medicine, a *Swastha Purusha* (healthy individual) is one whose physical, mental, and spiritual states are in harmony, while any deviation from these characteristics indicates a *Vyadhita Purusha* (diseased individual).

A core aspect of Ayurvedic pathology involves understanding the progression of disease through its various stages. One key concept in this regard is *Upadrava*, which refers to secondary complications or diseases that arise as a result of an existing condition. These complications are driven by the same doshic imbalances responsible for the primary disease (*Vyadhi*) and often signify the disease's advancement. Failure to identify and manage these complications can lead to further deterioration of the patient's condition, highlighting the need for timely recognition and intervention by Ayurvedic practitioners.

In Ayurveda, the concept of *Upadrava* is crucial for accurate diagnosis, prognosis, and treatment. This article aims to explore and clarify the concept of *Upadrava* as described in Ayurvedic classics, with particular focus on its relation to the significance of *Vyadhi* (disease), and its impact on *Chikitsa* (treatment).

## Aims & Objectives

To compile and critically analyze the concept of *Upadrava Siddhānta* (principles of managing complications) as described in classical Ayurvedic texts.

To understand the clinical relevance of *Upadrava Siddhānta* in managing complications and its applicability in contemporary medical practice.

## Materials and Methods

This review is based on an extensive study of relevant Ayurvedic literature. The following sources were utilized: *Bṛhatrayī* (including *Acharya Carakaa Samhitā*, *Suśruta Samhitā*, and *Aṣṭāṅga Hṛdaya*), *Madhav Nidana*, and other classical Ayurvedic texts. Related Contemporary texts, journals, and research papers related to the concept of *Upadrava*.

**Type of Study:** Conceptual study.

## Understanding of Upadrava

*Acharya Carakaa's* Classification of Diseases-*Acharya Carakaa* classifies diseases into two broad categories. They may be *swatantra* or *partantra* as per their *pradhanta*. [1]

"*Swatantryapartantrabhyam vyadheh pradhanyamadishet*" [2] -To signify a disease as primary or secondary is *Pradhaanyasamprapti.Swatantra Vyadhi (Anubandhya Vyadhi)* –"*Swatantra vyaktalingo yathokta samutthanprashmo bhawaty anubandhyah*" [3]. These

diseases arise from their own specific causative factors, exhibit distinct cardinal symptoms, and can be effectively treated using their prescribed therapeutic approaches. It manifests the symptoms as per the dosha vitiation -- *Ekdoshaja, sansargaja* and *sannipataja*. After vitiation they produce innumerable different disorders due to different vitiating factors and the *doosha*. *Paratantra Vyadhi (Anubandhya Vyadhi)–tadviparitalakshanastwanubandhah*" [4]. It means *lakshanas* opposite to *Anubandhya* i.e, it is dependent. Its symptoms, etiology and treatment basically depends on *Anubandhya* or *Pradhana vyadhi*. These conditions do not originate from independent causative factors, lack clear manifestations, and typically do not subside with treatments directed at the

primary disease. *Paratantra Vyadhi* is further categorized into *purvaroopta* and *upadrava*: [5] *Purvarupa* – Early signs or premonitory symptoms indicating the likelihood of an impending disease. *Upadrava* – Complications that arise as a distinct disease state due to the progression of an existing condition. *Poorvaja vyadhi* may also be identified as "*Poorvaroopta*" of *pradhana vyadhis*. For ex. *Shrama, arati, vivarnta, vairagya* are the *poorvaroopta* of *jwara*. *Pashchataja vyadhi* may include *Upadrava, Arishta, Aupsargika Vyadh..* *Acharya Sushruta* classifies *Vyadhi* into the following types: [6] *Aupāsargika* or *Upadrava* refers to a disease that emerges after the primary *Vyadhi*, merges with it, and originates from the same root cause, making it a secondary or complicating condition. *Prakkevala Vyadhi* is an independent disease that neither acts as a precursor (*Purvarupa*) nor develops as a complication (*Upadrava*). *Anya-lakshana Vyadhi* signifies the likelihood of a future disease and is described as *Purvarupa* (early or premonitory symptoms).

*Acharya Caraka* mentioned "vyādhērupari yō vyādhir bhavatyuttara kālajah| upakramāvirōdhī ca sa upadrava ucyatē" [7]. "That which arises above a disease in the later stages, and does not contradict the initiation (of treatment), is

called a *Upadrava*." *Upadrava* (complications) sometimes go unnoticed and do not cause pain remain hidden and unnoticed. However, when they become gross (*sthula*), they start causing discomfort and require separate treatment. Based on this the classification of *Upadravas* into *Sthula* (major complications) and *Anu* (minor complications) highlights their varying severity and impact on patient health. *Sthula Upadravas* are characterized by significant pathological effects requiring urgent medical attention, while *Anu Upadravas* may present milder symptoms but still necessitate careful management.

#### **Classification of Upadravas [8]**

*Upadravas* (complications) are classified into two categories: *Sthula Upadrava* and *Anu Upadrava*. *Sthula Upadrava* (Major Complications) are severe conditions with significant pathological impacts that can result in serious symptoms, often necessitating immediate medical intervention. These complications involve multiple pathological factors and typically affect

deeper tissues (*Dhatus*). If left untreated, they may become life-threatening. For instance, *Pandu* (anemia) can lead to complications such as *Shotha* (swelling), *Daurbalya* (weakness), and *Murcha* (fainting). Likewise, *Rajayakshma* (tuberculosis) may arise following *Kasa* (cough), while *Atisara* (diarrhea) can develop as a consequence of *Jwara* (fever). Conversely, *Anu Upadrava* (Minor Complications) are comparatively milder and do not pose an immediate life threat. These complications are fewer, less severe, and generally do not impact deeper tissues. In most cases, they resolve once the primary disease is treated. Examples include *Jwara* (fever), *Moha* (confusion), or *Kshaya* (depletion) resulting from *Trishna* (thirst). Similarly, symptoms like *Bhrama* (dizziness) or *Klama* (fatigue) may accompany *Hrudroga* (heart disease). Understanding these classifications helps in determining the severity of complications and implementing appropriate treatment strategies.

**Table 1: Types of Upadrava as per severity**

Type	Severity	Characteristics	Examples
<i>Sthula</i>	Major	Severe, involves deeper tissues	<i>Pandu</i> complications, <i>Rajayakshma</i> , <i>Atisara</i>
<i>Anu</i>	Minor	Milder, fewer complications	<i>Jwara</i> from <i>Trishna</i> , <i>Bhrama</i> from <i>Hrudroga</i>

### Clinical Relevance

*Upadrava* signify the progression of a disease and highlight the need for timely therapeutic intervention. Their emergence often indicates incomplete treatment or aggravation of the underlying *dosha*. *Vyadhi*, as described in the phrase *ādadhāti śarīrē manasi cēti-vyādhīḥ*, refers to any form of distress affecting both the body and mind. *Rogamadhyakalaja* [10] refers to *Upadravas* that arise during the progression of a disease, following the onset of its primary symptoms. A clear distinction exists between *Lakshanas* and *Upadravas*. *Lakshanas* are the initial symptoms characteristic of a disease, whereas *Upadravas* develop later as complications. Therefore, *Upadravas* are also termed *Rogottarakalaja*, signifying their emergence after the primary disease symptoms appear. *Upadrava* is termed *Rogasraya* because its manifestation depends on the same *Doshas* that contribute to the onset of the primary disease. In other words, both the *Upadrava* and the main *Vyadhi* share the same underlying cause.

### Differentiation of *Upadrava* from Others

It is important to distinguish *Upadrava* (complications) from related concepts like *Lakshana* (symptoms), *Arishta* (signs of impending death), and *Nidanarthakari Roga* (secondary diseases

caused by primary disorders) to better understand disease progression and prognosis. *Arishta* refers to specific signs that indicate imminent death, as described in the principle "*Niyata Maran Khyapakam Lingam Arishtam*." These signs manifest spontaneously, without any apparent cause, affecting aspects such as body form, sensory perception, voice, shadow, reflection, and natural behaviors. Their occurrence is considered an ominous indication of an unavoidable fatal outcome. In contrast, *Nidanarthakari Roga* refers to diseases that arise as a result of pre-existing conditions, in line with the principle "*Nidanarthakaro Rogo Rogasyapyuplabhyate*." Here, an initial disorder not only affects the body but also acts as a causative factor for another disease. For example, excessive *Santapa*(heat) due to *Jwara* (fever) may lead to *Raktapitta* (bleeding disorders). Notably, the primary disease does not necessarily persist in the body after causing the secondary condition. Within *Nidanarthakari Vyadhi*, there are two primary types of disease progression: *Ekarthakari Vyadhi* – In this scenario, a disease gives rise to another condition before subsiding. It serves both as an active disease and as a causative factor simultaneously. For instance, *Pandu Roga* (anemia) may progress to *Kamala*

(jaundice), or *Atisara* (diarrhea) may lead to *Grahani Roga* (malabsorption syndrome). *Ubhayarthakari Vyadhi* – Here, the original disease continues to persist even after triggering a secondary disorder. Both conditions coexist in the body. For example, *Arsha* (hemorrhoids) may cause *Gulma* (abdominal lump), or *Pratishyaya* (common cold) may lead to *Kasa* (cough), with both diseases affecting the patient simultaneously.

When a disease causes another disorder and then disappears, it is classified as *Nidanarthakari Vyadhi*. However, if both the primary and secondary diseases persist together, the condition is known as *Vyadhi Sankara*. *Vyadhi Sankara* refers to a complex pathological state where multiple diseases coexist due to improper treatment or the emergence of one disease from another. Unlike *Nidanarthakari Vyadhi*, where diseases share a similar *doshic* imbalance,

affected bodily channels (*Srotas*), and disease mechanisms, *Vyadhi Sankara* involves conditions with distinct pathogenesis, making treatment more complicated. For example, excessive night awakening (*Ratrijagaran*) leads to *Vata Prakopa*, resulting in *Sandhigata Vata* (rheumatoid arthritis), while an irregular diet causes *Pitta Prakopa*, leading to *Amlapitta* (acidity). Additionally, improper treatment (*Prayog Aparishuddhi*) can contribute to *Vyadhi Sankara*. For instance, using obstructive therapy (*Stambhana*) in *Aamatisara* (sticky stool) can further aggravate imbalanced doshas, leading to conditions like *Aadhman* (flatulence) and *Shool* (abdominal pain). A clear understanding of these distinctions is crucial for accurate diagnosis and effective treatment, helping to manage complications and prevent further disease progression.

**Table 2 : Conceptual Analysis of Upadrava**

Aspect	<i>Upadrava</i>	<i>Vyadhi</i>
Dependence	Depends on the <i>Vyadhi</i> (primary disease) for its manifestation.	Can develop independently of other conditions.
Nidana Samprapti	Does not have its own <i>Nidana Samprapti</i> (causative factors) and treatment.	Has its own <i>Nidana Samprapti</i> and specific treatment protocols.
Treatment	Treatment of the <i>Moola Vyadhi</i> (primary disease) often alleviates the <i>Upadrava</i> ; may	Requires <i>Vyadhipratyaneek</i> (disease-specific) or <i>Dosha</i>



	require additional specific treatment.	<i>Pratyaneek</i> ( <i>dosha</i> -specific) treatment, or a combination of both.
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**Table 3: Conceptual Differentiation of Upadrava**

Aspect	<i>Upadrava</i>	<i>Arishta</i>	<i>Nidanarthakar Roga</i>
Definition	Secondary complication of a primary disease	Indicative signs of impending death	A new disease caused by an existing one
Etiological Basis	Same doshic imbalance as the primary disease	Not related to <i>doshic</i> imbalance	Distinct causative factors
Treatment Approach	Treat the primary disease and specific <i>Upadrava</i>	Often considered incurable	Focused on the new disease

### Different Upadravas as per Acharya Madhava

Certain diseases are associated with specific complications, and only the most significant ones are emphasized. Given the vast number of possible symptoms, listing them all would be impractical. Instead, only the most commonly occurring *Vyapads* (complications) have been highlighted by various *Acharyas*.

An analysis of *Madhavanidana* reveals the diverse range of *Upadravas* linked to different diseases, underscoring their clinical importance. *Madhavacharya* stresses that the principles of *Roga Nidana* (disease diagnosis) extremely subtle and intricate. Due to the vast expanse of Ayurvedic knowledge, it is impossible to grasp everything at once—much like the unfathomable depths of an ocean. Thus, excessive elaboration and unnecessary details should be avoided. *Acharya Carakaa* reinforces this idea, stating, "*Na chaiva hyasti sutaram āyurvedasya pāram*," which means Ayurveda is infinite and has no ultimate boundary.

**Table 4: Upadravas as per Acharya Madhava**

S. No.	<i>Vyadhi</i>	Various <i>Upadravas</i>
1.	<i>Ajeerna</i>	<i>mūrchā pralāpō vathuh prasēkah sadanam bhramah   upadravā bhavantyētē maranam cāpyajīrñatah</i> [10]
2.	<i>Visuchika</i>	<i>nidrānāsō'ratih kampō mūtrāghātō visaññatā   amī hyupadravā ghōrā visūcyām pañca dāruṇāḥ</i> [11]

3.	<i>Raktapitta</i>	<i>daurbalyaśvāsakāsajvaravamathumadāḥ pāṇḍutādāhamūrchā, bhuktē ghōrō vidāhastvadhytirapi sadā hṛdyatulyā ca pīḍā   tṛṣṇā kōṣṭhasya bhēdaḥ śirasi ca tapanam pūtinīṣṭhīvanatvam, bhaktadvēśāvīpākau vikṛtirapi bhavēdraktapittōpasargāḥ [12]</i>
4.	<i>Chardi</i>	<i>kāsaḥ śvāsō jvarō hikkā tṛṣṇā vaicityamēva ca   hṛdrōgastamakaścaiva jñēyāschardērupadravāḥ [13]</i>
5.	<i>Paansya-parmada-panaajeerna - paanavibhrama nidanam</i>	<i>hikkājvarau vamathuvēpathupārśvaśūlāḥ kāsabhramāvapi ca pānahatam bhajantē [14]</i>
6.	<i>Vatavyadhinidanam</i>	<i>visarpadāharuksaṅgamūrchārucyagnimārdavaiḥ kṣīnamāmsabalam vātā ghnanti pakṣavadhādayaḥ   sūnam suptatvacam bhagnam kampādhmānanipīḍitam   rujārtimantam ca naram vātavyādhirvināśayēt [15]</i>
7.	<i>Hridroganidanam</i>	<i>klamaḥ sādō bhramaḥ śōṣō jñēyāstēśāmapadravāḥ   krimijē krimijātīnām ślaiśmikāṇām ca yē matāḥ [16]</i>
8.	<i>Mutrakricchra nidanam</i>	<i>hṛtpīḍā vēpathuḥ sūlam kuṣāvagniśca durbalaḥ   tayā bhavati mūrchā ca mūtrakṛcchram ca dāruṇam [17]</i>
9.	<i>Pramehanidanam</i>	<i>avīpākō'ruciśchardirnidrā kāsaḥ sapīnasah   upadravāḥ prajāyantē mēhānām kaphajanmanām [18]</i>
10.	<i>Sadyovrana Nidanam</i>	<i>visarpaḥ pakṣaghātaśca sirāstambhō'patānakaḥ   mōhōnmādavranarujō jvarastṛṣṇā hanugrahaḥ kāsāschardiratīsārō hikkā śvāsaḥ savēpathuḥ   śōḍaśōpadravāḥ prōktā vranānām vranacintakaiḥ [19]</i>
11.	<i>Masurika nidanam</i>	<i>masūrikāntē śōthaḥ syāt kūrparē maṇibandhakē   tathām'saphalakē cāpi duścikitsyaḥ sudāruṇaḥ [20]</i>
12.	<i>Nasa roga nidanam</i>	<i>bādhiryamāndhyamaghratvam ghōrāmśca nayanāmayān   śōthāgnisādakāsāmśca vṛddhāḥ kurvanti pīnasāḥ [21]</i>
13.	<i>Pradar roga nidanam</i>	<i>tasyātivṛttau daurbalyam bhramō mūrchā madaśtṛṣā   dāhaḥ pralāpaḥ pāṇḍutvam tandrā rōgāśca vātajāḥ [22]</i>
14.	<i>Mudagrabha nidanam</i>	<i>yōnisamvaraṇam saṅgaḥ kuṣau makkalla ēva ca   hanyuḥ striyam mūdhagarbhām yathōktāścāpyupadravāḥ [23]</i>

## Discussion

Variations in primary (*Pradhana*) and secondary (*Apradhana*) characteristics lead to diverse classifications of *Doshas* and diseases. Physicians categorize ailments based on multiple factors. For instance, in *Rajyakshma* (tuberculosis), symptoms like *Jwara* (fever), *Kasa* (cough), and *Ishtheevan* (expectoration) naturally subside once the root disease is effectively treated. During *Sharada Ritu* (autumn season), *Pitta Dosha* becomes predominantly vitiated due to intense solar heat and *Amla Vipaka*, making it *Pradhana* (dominant). A minor imbalance in *Kapha* may also occur due to the heat, but it remains *Apradhana* (secondary). Treating the aggravated *Pitta* using *Tikta Ghrita* (bitter medicated ghee) simultaneously corrects the *Kapha* disturbance. Therefore, a physician should always focus on addressing the dominant disease (*Pradhana Vyadhi*) first. A clear differentiation between *Upadrava* (complications) and *Vyadhi* (disease) is crucial for accurate diagnosis. *Upadrava* refers to secondary complications that arise due to the aggravated *Doshas* responsible for the primary condition. For a symptom to be classified as *Upadrava*, it must meet specific criteria: It should either appear independently or in association with other symptoms, It must manifest at a

particular stage of the disease, It should be distinct from the primary disease's pathogenesis. For example, *Atipravrutti* (excessive bleeding) can be a symptom of both *Asrigdara* (menorrhagia) and *Pittavrita Apana* (Pitta obstructing Apana Vata). Whether it is classified as *Upadrava* or just a symptom depends on its correlation with the primary disorder.

If *Upadrava* (complication) is mild, treating the *Moola Vyadhi* (primary disease) is usually sufficient for resolution. However, in severe cases, the complication must be addressed first without disrupting the management of the primary condition. The treatment of *Upadrava* follows three main approaches. *Vyadhi Chikitsa* focuses on curing the root disease, leading to the natural resolution of complications. *Upadrava Chikitsa* prioritizes treating the complication first, especially in critical conditions like *Atisara* (diarrhea) with *Ambhuvahasrotokshaya* (fluid loss), where rehydration is essential. The third approach, *Vyadhi and Upadrava Chikitsa*, treats both simultaneously, as seen in *Prameha* (diabetes) and *Prameha Pidaka* (diabetes-related skin lesions), ensuring comprehensive disease management.

## Conclusion

The occurrence and severity of *Upasargas* (secondary afflictions) in a disease are often unpredictable. When all

the symptoms (*Sarvalinga*) mentioned in classical texts appear, the disease may become incurable, as the extent of *Upasarga* depends on the patient's overall condition. Accurate diagnosis requires appropriate tools, as no single symptom alone defines a disease. *Nidāna* represents the causative factor, while *Liṅga* (symptoms) indicate the presence of a disease. Recognizing *Ariṣṭa Lakṣaṇas* (ominous signs of impending death) enables *Vaidyas* to assess prognosis effectively.

This study underscores the importance of *Upadrava Siddhānta* in Ayurvedic diagnosis and treatment. Early identification of *Upadrava* (complications) is crucial in preventing disease progression and improving patient outcomes. Ayurveda's approach, which considers both disease-specific and *Dosha*-specific factors, ensures a comprehensive and

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holistic healthcare system.

In diseases accompanied by *Upadrava*, treatment should be planned carefully to prevent conflicts between the primary disease (*Moola Vyadhi*) and its complications. Severe *Upadrava* should be treated first (*Tvaritam va balavantam upadravam pradhanavirodhena*), while mild complications often resolve naturally with the treatment of the primary disease (*Tasya prayah pradhanaprasame prasamo bhavati*). In cases of *Prakkevala Vyadhi* (primary disease without complications), treatment should primarily focus on balancing the aggravated *Doshas*. For *Anyalakshana Vyadhi* (early-stage diseases), preventive measures should be implemented to halt further progression.

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