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REVISITING JANAPADODHWAMSA: AN AYURVEDIC FRAMEWORK FOR UNDERSTANDING AND MANAGING EPIDEMICS LIKE COVID-19

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ABSTRACT:

Epidemics are as old as civilization and classical Ayurveda recognized their recurrent, society-wide impact under the concept of *Janapadodhwamsa*—the “destruction of communities.” Ayurveda, through the classical concept of *Janapadodhwamsa* described in the *Caraka Samhitā (VimānaSthāna)*,¹ recognizes epidemics as large-scale afflictions caused by the vitiation of **air (Vāyu)**, **water (Jala)**, **land (Deśa)** and **season/time (Kāla)**. This framework emphasizes population-wide vulnerability, transcending individual constitution (*Prakṛuti*) or habits. This not only explains the occurrence of epidemics but also provides preventive and promotive strategies relevant to modern times.

Keywords: *Ayurveda, Janapadodhwamsa, COVID-19, Rasāyana*

INTRODUCTION:

The COVID-19 pandemic exposed structural vulnerabilities in health systems, supply chains, and communication networks worldwide. While biomedical advances—especially vaccines, antivirals, and critical-care protocols—were decisive, gaps in prevention, risk perception,

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adherence, and long-term recovery remain. Classical Ayurvedic texts (notably *Charaka Samhitā* and *Suśruta Samhitā*) describe **Janapadodhwamsa** as large-scale afflictions that arise despite individual differences in constitution and lifestyle.² These passages emphasize shared environmental derangements and collective behaviours. Ayurveda, with its emphasis on ecological balance, daily/seasonal routines and ethical conduct (**Sadvṛitta**), offers a preventive lens that can complement modern strategies.³

Janapadodhwamsa in Classical Ayurveda:

Definition and Relevance: **Janapadodhwamsa** refers to widespread morbidity/mortality affecting many individuals simultaneously. **Janapadodhwamsa** refers to a phenomenon where large populations are afflicted by the same disease, despite differences in Prakṛti, strength (Bala), habits, age or mind.⁴

- **Charaka Samhita** (*Vimanasthana* 3/6-8): Epidemics occur when vitiation of *Vayu*, *Jala*, *Desha*, and *Kala* simultaneously affects entire populations.⁵
- **Sushruta Samhita** (*Uttarasthana* 3/23): Mentions community-wide afflictions due to environmental disturbances.
- **Kashyapa Samhita** (*Khila Sthana*): Recognizes epidemic disorders (*Aupasargika Rogas*) caused by close contact, contaminated objects, and environmental imbalance.

Etiological Quadrad:

Classical texts attribute epidemics to the vitiation of common factors:

- **Vāyu (Air):** Corrupted air, poor circulation, smoke and miasmatic conditions—analogue to airborne hazards and poor ventilation.
- **Udaka (Water):** Contaminated drinking or bathing water—parallel to faeco-oral and waterborne risks.
- **Deśa/Bhūmi (Land):** Soil degradation, improper waste disposal, urban crowding and loss of biodiversity—akin to environmental health and urban planning.
- **Kāla (Time/Seasonality):** Climatic anomalies and seasonal mismatches—mirroring seasonality, extreme weather and climate change effects on disease ecology.

Modes of Spread (*Aupasargika Roga*)-

Sushruta describes transmission via:

- *Gatrasamsparsha* (physical contact)
- *Nishwasa* (respiration)
- *Sahabhajana* (sharing food)
- *Vastra-Mala-Anulepana* (contact with clothes, ornaments, cosmetics).

These correspond strikingly with modern concepts of droplet, fomite, and airborne transmission, as seen in COVID-19.

Pathophysiology: *Doṣa, Agni, Ojas* and *Vyadhikṣamatva*: Ayurveda emphasizes defence through *Vyadhikṣamatva* (immunity/resilience), balanced *Doṣas*, strong *Agni* (metabolic fire), and preserved *Ojas* (vital essence).⁶

- ***Doṣa* dynamics (*Vāta–Pitta–Kapha*):** Provide a heuristic for symptom clusters (e.g., fever/inflammation ↔ *Pitta*; congestion ↔ *Kapha*; breathlessness/anxiety ↔ *Vata*).
- ***Agni* (metabolic fire):** Corresponds to digestive/metabolic competence; illness often follows *Manda Agni* (hypofunction).
- ***Ojas* (vital resilience):** A metaphor for systemic robustness and recovery capacity; depletion is associated with fatigue, poor convalescence, and susceptibility.

Classical Management Strategies:

Environmental Remediation:

- **Air:** Ventilation, fumigation with aromatic herbs/resins, smoke management; today this maps to indoor air quality, filtration and aerosol risk reduction.
- **Water:** Boiling, purification, source protection-consistent with safe water standards and point-of-use treatment.
- **Land:** Sanitation, waste management and urban hygiene-modern equivalents include sewage systems, vector control and zoning.

Social Measures:

- **Separation/Isolation:** Advising distance from the ill and avoiding gatherings; clear parallels with **quarantine, cohorting** and **physical distancing**.
- **Travel and Crowd Control:** Seasonal/epidemic advisories resemble movement restrictions and event modulation.
- **Sadvṛtta (Ethical conduct):** Emphasizes collective responsibility, truthful communication and care for the vulnerable-core to public trust and compliance.

Individual-Level Measures:

- **Dinacharya&Ritucharya (Daily/Seasonal Routines):** Sleep hygiene, nutrition aligned with season, moderate exercise, sun exposure-foundational health behaviours.
- **Rasayana (Rejuvenation):** A class of interventions (dietary, herbal and behavioural) aimed at maintaining vigour and recovery capacity. Evidence quality varies by intervention; these should be used as **adjuncts**, not substitutes for standard care.⁷
- **Panchakarma (Detoxification/Elimination):** Traditionally used under supervision in selected patients for convalescence or chronic sequelae; not an acute infection treatment.
- **Manas (Mind):** Stress mitigation through breath practices and meditation—aligned with modern psychoneuroimmunology insights on stress and immunity.

COVID-19 Through the Lens of Janapadodhwamsa:

Environmental and Social Determinants:

- **Air:** Superspreading events in poorly ventilated spaces highlight the primacy of air quality—echoing *Vāyu* vitiation.
- **Crowding and Mobility:** Urban density and mass travel amplified spread-paralleling classical cautions around gatherings and seasonal movement.

- **Seasonality and Climate:** Seasonal waves suggest *Kāla* influences mediated by behaviour and environment.
- **Inequities:** Disproportionate impacts on marginalized groups resonate with Ayurveda's emphasis on context (*Deśa, Bala* and *Āhāra*).

Preventive and Supportive Measures:

Modern **NPIs** (Non-Pharmaceutical Interventions) - masking, distancing, ventilation, hygiene, parallel Ayurvedic suggestions of air and environmental purification, separation/isolation and community ethics. Ayurveda additionally emphasizes maintaining routines and mental well-being to support adherence and resilience. It prescribes a comprehensive strategy for prevention, resilience, and healing during *Janapadodhwamsa*. These measures remain relevant for COVID-19 and future epidemics:

1. Prevention and Strengthening Immunity (*Vyadhikshamatva*):

- Daily and seasonal regimens (*Dinacharya* and *Ritucharya*) to align with natural cycles.
- *Rasayana* (rejuvenative) therapies to enhance immunity, e.g., use of herbs like *Guduchi* (*Tinospora cordifolia*), *Ashwagandha* (*Withania somnifera*) and *Amalaki* (*Emblica officinalis*).
- Yoga, meditation, and Pranayama for mental and respiratory resilience.

2. Community and Environmental Measures:

- Ensuring clean air and water, proper waste management and healthy urban planning.
- Quarantine and isolation, which are mentioned in ancient texts as *VyadhitaNivaranam* (separating the sick).
- Use of fumigation (*Dhoopana*) with antimicrobial herbs for disinfection.

3. Ethical and Behavioural Discipline (*Achara Rasayana*):

- Stress management, social harmony and ethical living to promote psychosocial well-being.
- Compassion, truthfulness, and balanced behaviour strengthen collective resilience.

4. Curative and Supportive Therapies:

- Individualized treatment based on constitution (*Prakriti*) and disease stage.
- Panchakarma detoxification and dietary guidelines to restore balance.
- Integrative use of Ayurveda alongside modern medicine for supportive care.

Ayurveda in Recovery & Convalescence:

Ayurvedic interventions such as *Rasāyana* and supportive routines may aid recovery from post-viral fatigue (Long COVID), complementing biomedical rehabilitation.⁸

Mapping Ayurveda to Modern Public Health:

Ayurvedic Concept	Modern Analog	Potential Contribution
Vitiated <i>Vāyu</i> /air	Indoor air quality, aerosols, ventilation	Low-cost ventilation cues, smoke/irritant avoidance culture
Vitiated <i>Udaka</i> /water	Water safety, point-of-use treatment	Boiling/purification literacy, household protocols
Vitiated <i>Deśa</i> /land	Sanitation, waste, urban ecology	Community hygiene drives, vector control
<i>Kāla</i> /seasonality	Seasonal transmission	Seasonal risk calendars for communities
<i>Dincharya</i> / <i>Ritucharya</i>	Health behaviour schedules	Adherence via culturally-anchored routines
<i>Rasāyana</i> / <i>Vyadhikṣamatva</i>	Resilience/rehabilitation	Adjunctive recovery support (sleep, nutrition, stress)
<i>Sadvṛitta</i> (ethical conduct)	Risk communication ethics	Trust, solidarity, pro-social norms

CONCLUSION:

Janapadodhwamsa offers a population-level, ecologically grounded lens that complements modern epidemic response. Its core strengths - environmental hygiene, ventilation and

water safety, routine-driven prevention, ethical communication and convalescence support - map well onto current needs highlighted by COVID-19. A mature integration respects biomedical primacy in acute care while leveraging Ayurveda's preventive and behavioural assets to strengthen preparedness, adherence and recovery, especially in resource-constrained settings. The way forward lies in **collaborative, hypothesis-driven research** and **pragmatic implementation** that centre safety, equity and cultural resonance.

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