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

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ABSTRACT:

The idea of Janapadodhwamsa or the "destruction of communities," in traditional Ayurveda acknowledged the recurring, widespread effects of epidemics, which date back to the dawn of civilization. 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: COVID-19, *Ayurveda*, *Janapadodhwamsa*, *Rasāyana*

INTRODUCTION:

Global communication networks, supply chains, and health systems all had structural flaws that were made clear by the COVID-19 pandemic. Although there are still gaps in prevention, risk perception, adherence, and long-term recovery, biological advancements - particularly

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vaccinations, antivirals, and critical-care protocols - were pivotal. 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 is the term for widespread morbidity or mortality that affects a large number of people at once. **Janapadodhwamsa** refers to a phenomenon where large populations are afflicted by the same disease, despite differences in Prakṛuti, 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—analogueous 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:

- *Gastrasamsparsha* (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:

Ayurvedic recommendations for air and environmental purification, separation/isolation, masking, distance, ventilation, hygiene, and community ethics are all examples of contemporary NPIs (non-pharmaceutical interventions). 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 *Vyadhita Nivaranam* (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>Ṛitucharya</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 provides an ecologically based, population-level perspective that enhances contemporary epidemic response. Its main advantages - environmental hygiene, water and ventilation safety, routine-driven prevention, ethical communication, and convalescence support - align nicely with the COVID-19 demands of the present. A mature integration strengthens readiness, adherence, and recovery, particularly in settings with limited resources, while honoring the biological primacy in acute care and utilizing Ayurveda's preventative and behavioral strengths. Collaborative, hypothesis-driven research and practical application that prioritize safety, equity, and cultural resonance are the way forward.

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