Critical Review on Etiopathogenesis of Santarpana and Apatarpana: Relevance in Nutritional deficiency disorders

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***Abstract*—Santarpana and Apatarpana refer to the two contrasting physiological effects produced in the body through regular consumption of Brimhana and Langhana Ahara (Viharas) respectively. In the current health scenario, the rising incidence of non-communicable diseases poses a significant threat to systemic health and overall mortality. A thorough understanding of their pathogenesis is imperative. Dravyas predominantly composed of Prithvi and Ap Mahabhootas induce Brimhana, whereas those rich in Agni, Vayu, and Akasha bring about Langhana. Santarpana Nidanas primarily vitiate Agni, Kapha, and Meda, thereby giving rise to Santarpanotha Vikaras, which correspond to over-nutritive disorders in contemporary understanding. Conversely, excessive or inappropriate Apatarpana Ahara and Vihara lead to Vata vitiation, heightened Rookshata in Rasa Dhatu, and progressive Uttarottara Dhatu Kshaya, resulting in Apatarpana Janya Vikaras — analogous to nutritional deficiency disorders. This review systematically examines the Nidana, Samprapti, and Vikaras of both Santarpana and Apatarpana.**

***Index Terms*—Santarpana, Apatarpana, Nutritional deficiency disorders, Langhana, Brimhana**

I. INTRODUCTION

Ayurveda upholds that every entity in the universe is constituted of *Panchamahabhuta*. Foundational concepts such as *Dravya, Guna, Karma, Samanya*, and *Vishesha* are elaborated to facilitate understanding of the cause-and-effect relationship in nature. The science places great emphasis on appropriate dietary intake as a cornerstone of health maintenance.[1] All *Ahara Dravyas* are constituted of *Panchamahabhuta*, and so is the human body. The *Guna, Karma*, and *Prabhava* of a *Dravya* exert varied influences on the body. *Santarpana* and *Apatarpana* represent two distinct physiological outcomes induced by different dietary and lifestyle practices (*Ahara* and *Vihara*). When these effects reach an extreme degree of pathogenicity, they evolve into *Vyadhi*. Therapeutically, this same principle is applied in reverse — *Santarpana Chikitsa* is employed in *Apatarpanotha Vyadhi* and *Apatarpana Chikitsa* in *Santarpanotha Vyadhi*.[2]

Santarpana — word meanings include: *Santarpayati Indriyani Iti*; *Triptikaarake*; *Preenanam*; *Brimhana Hetuka*.[3,4]

Apatarpanam — denotes: *Langhanam*; *Karshanam*.

In essence, *Santarpana* signifies the nourishment of *Dhatus* and *Indriyas* to a state of satiety. *Brimhana* is regarded as its synonym.[5] Conversely, *Apatarpana* denotes the undernourishment of *Dhatus* and *Indriyas*, with *Langhana* serving as its synonymous term.[6]

II. SANTARPANA JANYA VYADHI

The *Brihat Trayees* collectively elucidate that inappropriate or excessive engagement with *Santarpana (Brimhana)* can precipitate a wide range of disorders, collectively designated as *Santarpana Janya Vikaras*.

Nidana

Dietary substances with predominantly *Snigdha, Madhura, Guru*, and *Pichila Guna* are known to induce *Santarpana*.[7] Regular and excessive consumption of *Navanna, Navamadya, Anupa* and *Varija Mamsa, Gorasa*, and *Paistika* similarly contribute to over-nourishment.[8] Acharya Vagbhata additionally includes *Ksheera, Sarpi*, and *Sita* among

the *Santarpana Nidanas*.[9] All these substances are inherently high in caloric density and lipid content, and when consumed in excess, lead to overt over-nourishment.

Sedentary behavioral patterns such as *Cheshta Dweshi, Diwaswapna, Shaiyya Sugha, Asana Sukha, Swapna Sukha, Abhyanga*, and *Snana* also promote *Santarpana*.[10,11] The combination of elevated caloric intake alongside diminished caloric expenditure creates a state of systemic over-nourishment that constitutes the foundation of numerous disorders.

Santarpana Janya Vyadhi — Samprapti

Classical texts enumerate an extensive list of *Santarpanotha Vyadhi*. Although *Santarpana* serves as the overarching causative factor, each condition manifests through a distinct *Samprapti*. The conditions and their contributory pathogenic factors are described below.[12]

Santarpana Janya Vyadhi	Factors Contributing i Samprapti
Prameha, Atisthoulya	Kapha-Medha Dosha Dushya Sammurchana
Pidaka, Kota, Kandu Kusta, Pramilaka	Tridosha, Rasa, Twak and Mamsavaha Sroto Dusti
Pandu Jwara	Ama-Rasavaha Sroto Dusti
Klaibya	Ama-Rasavaha and Shukravaha Sroto Dusti
Mutrakrchra	Ama, Mutravaha Sroto Dusti
Amapradosha	Ama – Rasavaha, Annavaha, Purishavaha Sroto Dusti
Arochaka, Gurugatrata, Tandra, Alasya, Sopha	Amaja Lakshana
Indriyasrotasamlepa, Budhirmoha	Kapha-Tama Dosha and Manovaha and different Indriya Srotodusti

APATARPANA JANYA VYADHI

Nidana

Excessive or inappropriate exposure to *Apatarpana (Langhana)* triggers the manifestation of a distinct group of ailments known as *Apatarpana Janya Vyadhi*. Unrestricted consumption of all *Vata*-aggravating *Ahara* and *Viharas* constitutes the primary causative complex.[13] Dietary items bearing *Ruksha, Laghu, Khara*, and *Sukshma Guna* particularly aggravate *Vata Dosha*. Lifestyle-related causative factors include *Ativyayama, Ativyavaya, Adhyayana, Ratrijagarana*, suppression of *Kshuth* and *Pipasa*, excessive *Kashaya Rasa Sevana*, and *Alpa Ashana*. Psychological triggers such as *Bhaya* and *Shoka* are also identified as *Manasika Nidanas*.[14] Specific causative clusters including *Sahasa, Vega Sandharana, Vishmashana*, and *Dhatukshaya* — as described in the context of *Rajayakshma* — collectively precipitate *Apatarpana Janya Vikaras*. Low caloric intake combined with excessive physical activity results in depletion of fat reserves and damage at the cellular level. Protein-energy malnutrition and similar under-nourishment states may thus be understood as clinical equivalents of *Apatarpana Janya Vyadhi*.

List of Apatarpana Janya Vyadhi[15]

- *Depletion of Jataragni, Bala, Varna, Ojas, Sukra and Mamsa*
- *Jwara associated with Kasa*
- *Parswa Shoola*
- *Arochaka*
- *Srotra Dourbalya*
- *Unmada*
- *Pralapa*
- *Hrdaya Vyadha*
- *Purisha and Mutra Sangraha*
- *Shoola in Jangha and Uru*
- *Parva Asthi Sandhi Bheda*
- *Vataja Rogas*

Samanya Samprapti of Apatarpana Janya Vikaras

Nidana Sevanat

↓

Vata Pradhana Tridosha Dusti

↓

Agni Dusti

↓

Increased Rookshata of Rasa Dhatu / Rasa Dhatu Kshaya

↓

Reduced Nourishment to Other Dhatus

↓

Dhatu Kshaya

↓

Vyadhi

Prolonged or excessive exposure to the above-mentioned *Nidanas* induces *Vata Pradhana Tridosha Dushti*, which in turn compromises *Agni*, resulting in either *Rasa Dhatu Kshaya* or heightened *Rookshata* of *Rasa Dhatu*. This sequentially impairs the nourishment of subsequent *Dhatus*, culminating in progressive *Dhatu Kshaya* and eventual manifestation of *Apatarpana Janya Vikaras*.

III. DISCUSSION

Santarpana Janya Vikaras have assumed great clinical relevance in contemporary times due to the rising prevalence of lifestyle and metabolic disorders. A sound understanding of their pathogenesis is indispensable for effective clinical management. Among these, *Prameha* stands foremost, as a majority of *Santarpana Janya Nidanas* directly contribute to its development.[16] In *Prameha*, *Kapha Pradhana Tridosha Dushti* occurs through habitual consumption of *Ksheera, Navamadya, Anupa*, and *Varija Mamsa*, combined with *Diwaswapna* and *Saiyya Sugha*. *Bahudravakapha* initiates the pathology in conjunction with ten *Dushyas — Meda, Mamsa, Vasa, Majja, Kleda, Sukra, Rakta, Lasika*, and *Rasa*. When *Nidana, Dosha*, and *Dushyas* combine favourably, *Bahudrava Kapha* diffuses throughout the body owing to *Shithilatha* of the body tissues. As *Medas* becomes *Abadha* (loosely bound) in this state and shares similar *Gunas* with *Kapha*, it amalgamates with *Meda* and vitiates it. The excessive *Mamsa* and *Kleda* fractions are then transformed into urine, leading to *Prameha*, while *Dushita Kapha* along with *Meda* vitiates *Mamsa*, producing characteristic *Pidakas* such as *Sharavika, Kacchapika*, and others.

In *Kusta*, analogous causative factors such as excessive consumption of *Ksheera, Dadhi, Kola, Kulatha, Masha, Virudha Ahara, Vihara Sevana*, and excessive oleation lead to *Shithilatha* of *Twak, Mamsa, Shonitha*, and *Lasika*, concurrent with *Tridosha Dushti*. The *Prakupitha Dosha* localizes in the *Twak* and produces diverse skin conditions.[17] *Sthoulya* may be cited as the quintessential *Santarpana Janya Vikara*. Intake of *Guru, Madhura, Sheetha, Snigdha Ahara* in excess and lifestyle factors including *Diwaswapna, Avyayama, Avyavaya, Achinta* cause *Meda* to accumulate and become vitiated, manifesting the *Ashta Dosas* of *Sthoulya*. This vitiated *Medas* obstructs the normal pathways of *Vayu*, confining its movement to the *Koshta* and abnormally stimulating *Agni*, thereby driving compulsive eating. The resulting accumulation of fat in *Sphik, Udara*, and *Sthana* constitutes the *Prathyatma Lakshana* of *Sthoulya*.[18]

The etiopathogenesis of *Apatarpana Janya Vikaras* is best appreciated through conditions such as *Shosha, Kshaya*, and *Karshya*. The fourfold *Nidanas — Sahasa, Sandharana, Kshaya*, and *Vishamashana* — trigger *Vata Pradhana Tridosha Dushti* that leads to *Shosha* through varied pathogenic pathways. In *Kshaya Janya Shosha*, excessive *Shoka, Chinta, Bhaya, Krodha*, coupled with inadequate or *Rooksha* food intake, precipitates *Rasa Kshaya* and manifests *Shosha*, which, if unattended, may progress to *Rajayakshma*.[19] When an already emaciated individual engages excessively in sexual activity, *Dhatu Kshaya* advances to *Shukra Dhatu* level owing to *Vata Pradhana Tridosha Prakopa*, with complications including *Kasa, Swasa, Swarabheda*, and *Shonita Steevana*. Absolute emaciation ensues with critical reduction in *Ojas* and *Vyadhikshamatwa*, rendering the patient vulnerable to multiple systemic disorders, and the condition is often fatal if neglected. *Karshya* represents the archetypal *Apatarpana Janya Vyadhi*. Consumption of *Rooksha Annapana* and lifestyle factors such as *Langhana, Pramithashana, Nidra Vega Dharana* promote *Vata Dosha Dushti* and *Rasa Dhatu Kshaya*, resulting in the hallmark *Prathyatma Lakshana* of *Karshya* — emaciation of *Sphik, Udara*, and *Greeva*.[20]

IV. CONCLUSION

The disorders enumerated under *Santarpana* and *Apatarpana* may broadly be interpreted as *Kapha Pradhana* and *Vata Pradhana Avastha* of various diseases respectively. Although *Santarpana (Brimhana)* and *Apatarpana (Langhana)* are primarily regarded as therapeutic modalities or physiological outcomes, their improper or excessive application in an individual invariably leads to the pathogenesis of *Santarpana* and *Apatarpana Janya Vikaras*. The

overarching emphasis throughout this conceptual framework is placed upon the *Guna* and *Pramana* of *Ahara*. The Acharyas thereby affirm the paramount significance of judicious dietary practices — governed by proper *Ahara Vidhi* — in preserving health and averting disease.

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