Unit 6.1. MCQs Set 1

Results

#1. Q1. Disease in a general context is best defined as

☐
(A). Complete physical, mental, and social well-being
☐
(B). An abnormal condition that negatively affects the structure or function of part or all of an organism
☐
(C). Always caused by pathogens
☐
(D). Strictly mental distress

Disease typically implies a deviation from normal physiology or function, which can have various etiologies (infectious, genetic, etc.).

#2. Q2. Etiology refers to

☐
(A). The morphological changes in tissues
☐
(B). The cause or origin of a disease
☐
(C). The final outcome of the disease process
☐
(D). Only the diet regime

Etiology identifies underlying factors (biological, environmental) that initiate disease.

#3. Q3. Pathology generally involves

☐
(A). The statistical incidence of disease
☐
(B). Mechanisms by which a disease progresses, including structural and functional alterations
☐
(C). Strictly mental illusions
☐
(D). None of doṣas

Pathology studies the morphological, biochemical, and physiological changes associated with disease.

#4. Q4. Which statement is accurate about congenital diseases?

☐
(A). They are always genetic
☐
(B). They are present at or before birth, possibly due to genetics or intrauterine factors
☐
(C). They can never be inherited
☐
(D). They only arise after infancy

Congenital disorders may result from inherited genes, prenatal infections, or environmental influences in utero.

#5. Q5. Acquired diseases typically

☐
(A). Develop after birth due to various causes (infection, lifestyle, environment)
☐
(B). Are always inherited
☐
(C). Are confined to the prenatal stage
☐
(D). Have no link to environment

Acquired diseases result from exposures, infections, lifestyle, or accidents after birth.

#6. Q6. Fill in the blank: Communicable diseases are those that _____.

☐
(A). Arise spontaneously without pathogens
☐
(B). Can spread from an infected person/animal to another via pathogens
☐
(C). Are exclusively genetic
☐
(D). Have no external cause

Communicable (infectious) diseases are transmitted by pathogens between individuals.

#7. Q7. Non-communicable diseases (NCDs) generally

☐
(A). Spread via direct contact
☐
(B). Are lifestyle or chronic disorders not transmitted person-to-person
☐
(C). Are always caused by bacteria
☐
(D). All have short duration

NCDs include chronic conditions such as diabetes or heart disease that are not contagious.

#8. Q8. Genetic factors in health/disease typically revolve around

☐
(A). Infectious microbes only
☐
(B). Inherited genes, polymorphisms, and potential mutations that predispose or cause diseases
☐

(C). None of doṣas
☐
(D). No role in chronic conditions

Inherited genetic factors can predispose individuals to certain diseases.

#9. Q9. Epigenetic factors imply

☐
(A). Permanent, unchangeable gene sequences
☐
(B). Reversible modifications (e.g., DNA methylation, histone acetylation) that affect gene expression without altering the DNA sequence
☐
(C). Pure illusions
☐
(D). Infectious agent synergy

Epigenetics involves reversible modifications that regulate gene activity without altering the underlying DNA code.

#10. Q10. Reasoning: Why is epigenetics crucial in understanding diseases?

☐
(A). It’s irrelevant
☐
(B). Environmental and lifestyle factors can switch genes on or off via epigenetic marks, influencing disease susceptibility
☐
(C). Minimizes synergy
☐
(D). Genes alone suffice

Epigenetics provides a link between external influences and gene expression, affecting disease risk.

#11. Q11. Autoimmune diseases are characterized by

☐
(A). Immune tolerance to self
☐
(B). The immune system mistakenly attacking the body’s own cells and tissues
☐
(C). Exclusive inheritance from the father
☐
(D). None

Autoimmune diseases occur when the immune system fails to recognize self, attacking its own tissues.

#12. Q12. Lifestyle disorders typically include

☐
(A). Infectious fevers
☐
(B). Conditions like obesity, type 2 diabetes, and hypertension, often linked to sedentary habits and poor diet
☐
(C). Congenital heart defects
☐
(D). None

Unhealthy lifestyle choices contribute to the development of chronic disorders.

#13. Q13. Deficiency diseases occur primarily due to

☐
(A). Overnutrition
☐
(B). Lack of essential nutrients (vitamins, minerals, proteins) leading to conditions like rickets and scurvy
☐
(C). Infectious pathogens
☐
(D). Genetic doping

A shortage of essential nutrients can lead to deficiency diseases such as scurvy and rickets.

#14. Q14. Metabolic diseases often revolve around

☐
(A). Infectious cycles
☐
(B). Errors or dysfunctions in metabolic pathways (e.g., lipid, carbohydrate, or protein metabolism)
☐
(C). None of doṣas
☐
(D). Environmental toxins only

Metabolic diseases involve abnormalities in metabolic pathways.

#15. Q15. Psychological disorders can be

☐
(A). Always due to pathogens
☐
(B). Related to disruptions in mental function (such as anxiety, depression, or psychoses) influenced by genetics, environment, and stress
☐
(C). None
☐
(D). Only ephemeral illusions

Psychological disorders are multifactorial, influenced by genetic, environmental, and neurochemical factors.

#16. Q16. A benign tumor is typically

☐
(A). A non-cancerous growth that does not extensively invade neighboring tissues
☐
(B). A malignant, unstoppable mass
☐
(C). Infectious in nature
☐
(D). None of the above

Benign tumors are generally encapsulated and non-metastatic.

#17. Q17. Malignant tumors differ from benign tumors by

☐
(A). Slow growth and well-defined boundaries
☐
(B). The potential for rapid, invasive growth and metastasis to distant sites
☐
(C). Always stable cell structure
☐

(D). Minimal synergy

Malignant tumors can invade surrounding tissues and metastasize.

#18. Q18. Fill in the blank: Congenital disease examples include _____.

☐
(A). Type 2 diabetes from obesity
☐
(B). Down syndrome or congenital heart defects
☐
(C). Mumps
☐
(D). Chronic bronchitis

Congenital diseases like Down syndrome are present at birth due to genetic or intrauterine factors.

#19. Q19. Acquired disease example

☐
(A). Turner’s syndrome
☐
(B). Sickle cell anemia
☐
(C). Hypertension from poor diet/sedentary lifestyle
☐
(D). All are congenital

Hypertension is typically acquired, often as a result of lifestyle factors.

#20. Q20. Communicable diseases (like tuberculosis or influenza) require

☐
(A). Vector or direct/indirect contact for transmission
☐
(B). Strictly mental illusions
☐
(C). No microbe involvement
☐
(D). None

Communicable diseases are transmitted through vectors, direct, or indirect contact.

#21. Q21. Non-communicable disease example is

☐
(A). Pneumonia
☐
(B). Malaria
☐
(C). Coronary artery disease
☐
(D). Typhoid fever

Coronary artery disease is a classic example of a non-communicable, chronic condition.

#22. Q22. Reasoning: Why do genetic factors alone not guarantee disease?

☐
(A). Genes always cause the disease fully

☐
(B). Environmental triggers, lifestyle, epigenetics modulate gene expression
☐
(C). Diseases are caused by virus, bacteria not genes
☐
(D). Genes have no disease link

Genetic predisposition plus external influences lead to actual manifestation.

#23. Q23. An example of epigenetic influence in disease might be

☐
(A). Bacterial spore formation
☐
(B). Methylation changes leading to cancer predisposition
☐
(C). None
☐
(D). Miraculous illusions

Changes such as DNA methylation can alter gene expression, influencing cancer risk.

#24. Q24. Autoimmune disease occurs when

☐
(A). The body remains tolerant to self-antigens
☐
(B). The immune system cannot differentiate self from non-self, attacking the body’s own tissues
☐
(C). A pathogen invades RBCs exclusively
☐
(D). None

Autoimmune diseases result from the immune system mistakenly attacking self-tissues.

#25. Q25. Lifestyle disorders strongly correlate with

☐
(A). Infectious cycles
☐
(B). Poor diet, physical inactivity, and stress leading to conditions such as obesity, diabetes, and hypertension
☐
(C). Genetic doping
☐
(D). None

Unhealthy lifestyle choices are a major contributor to chronic diseases.

#26. Q26. Deficiency diseases: Scurvy results from

☐
(A). Vitamin C deficiency
☐
(B). Vitamin B12 deficiency
☐
(C). Iodine deficiency
☐
(D). Vitamin K deficiency

Scurvy is caused by a deficiency of vitamin C.

#27. Q27. Metabolic disease example

☐
(A). Influenza
☐
(B). Phenylketonuria
☐
(C). Rabies
☐
(D). Aortic aneurysm

Phenylketonuria is a metabolic disorder caused by a deficiency in the enzyme phenylalanine hydroxylase.

#28. Q28. Psychological disorder that is primarily mood-based

☐
(A). Bipolar disorder
☐
(B). Influenza
☐
(C). Osteoporosis
☐
(D). Diarrhea

Bipolar disorder is characterized by episodes of mania and depression.

#29. Q29. Benign tumors commonly show

☐
(A). Rapid metastatic spread
☐
(B). Encapsulation, well-differentiation, and slower growth
☐
(C). Always produce toxins
☐
(D). None

Benign tumors are generally well-differentiated and do not metastasize.

#30. Q30. Types of cancers can be broadly grouped as

☐
(A). Carcinomas (epithelial), sarcomas (connective), leukemias/lymphomas (blood), etc.
☐
(B). None
☐
(C). Infectious-based
☐
(D). Only a single type

Cancers are classified based on their tissue of origin.

#31. Q31. Definition of disease from an Ayurvedic perspective might add

☐
(A). Strictly morphological changes
☐
(B). Doṣa-dhātu-mala imbalance leading to discomfort
☐
(C). None
☐
(D). Infectious agent only

Ayurveda views disease as a disturbance in the balance of doṣa, dhātu, and mala that results in discomfort.

#32. Q32. Congenital disease in Ayurveda might relate to

☐
(A). A genetic defect alone
☐
(B). Garbha vikṛti due to maternal doṣa imbalance or other intrauterine factors
☐
(C). None
☐
(D). An infectious cause always

Ayurvedic texts describe congenital disorders as arising from disturbances (vikṛti) during fetal development.

#33. Q33. Communicable disease in Ayurveda text references

☐
(A). They ignore contagion
☐
(B). The janapadodhvansa concept or sankramika roga, describing epidemic/infectious diseases
☐
(C). None
☐
(D). Infections considered illusions

Ayurveda does describe epidemic conditions (janapadodhvansa or sankramika roga).

#34. Q34. Non-communicable “anukta” roga parallels modern

☐
(A). Infectious ailments
☐
(B). Genetic or metabolic diseases not explicitly described in ancient texts
☐
(C). None
☐
(D). Short, acute illnesses

Non-communicable disorders include chronic conditions that do not spread person-to-person.

#35. Q35. Genetic factor mention in Ayurveda might parallel

☐
(A). Bījadoṣa concept (seed defect)
☐
(B). None
☐
(C). Just the father’s pathology
☐
(D). Infectious prions

The concept of bījadoṣa (seed defect) parallels genetic predisposition.

#36. Q36. Epigenetic viewpoint: in Ayurveda, “rutu, kṣetra, ambu, bīja” can be somewhat akin to

☐
(A). None
☐

(B). Environmental factors, maternal conditions, nutrition, and the genetic seed influencing fetal outcome
☐
(C). Infectious cycles
☐
(D). No link

These factors reflect how external and maternal influences combine with genetic factors to affect fetal development.

#37. Q37. Autoimmune diseases might correspond to which Ayurvedic concept?

☐
(A). Sādhya roga only
☐
(B). Ojakṣaya or doṣa attacking dhātu erroneously
☐
(C). None
☐
(D). Exclusive genetic doping

Autoimmune conditions may be viewed as a misdirected attack of doṣa on the body's own tissues.

#38. Q38. Lifestyle disorder in Ayurveda often arises from

☐
(A). Overuse of guru, snigdha, or viṣama diet and lack of exercise leading to kapha-medovaha srotas imbalance
☐
(B). Infectious pathogens
☐
(C). None
☐
(D). Overly short acute disease

An imbalanced, heavy diet coupled with inactivity can lead to kapha and meda accumulation.

#39. Q39. Deficiency diseases in Ayurveda might be compared to

☐
(A). Āhāra dūṣaṇa or nutritional rasakṣaya leading to dhātu malnourishment
☐
(B). None
☐
(C). Infectious doṣa infiltration
☐
(D). Raktaja bhāv

Inadequate or poor-quality nutrition (āhāra dūṣaṇa) leads to undernourishment of tissues (dhātu).

#40. Q40. Metabolic ailments can be viewed as

☐
(A). Panchakarma illusions
☐
(B). Agni vikṛti (disturbance in digestive/metabolic fire) or doṣa infiltration
☐
(C). None
☐
(D). Infectious roga

A disturbance in agni (digestive/metabolic fire) leads to improper metabolism and related disorders.

#41. Q41. Psychological disorders might correspond to

☐
(A). Manasika doṣa (excess rajas and tamas)
☐
(B). Purely kapha diseases
☐
(C). None
☐
(D). All purely illusions

An imbalance in the mind (manasika doṣa) is often linked to psychological disorders.

#42. Q42. Benign tumor from an Ayurvedic angle might be called

☐
(A). Alpa-doṣa upasarg
☐
(B). Manda granthi or arbuda (if non-ulcerative and slow growing)
☐
(C). Sankramika sthana
☐
(D). None

Benign tumors are generally slow growing and encapsulated, often termed manda granthi or arbuda.

#43. Q43. Malignant tumors or “various types of cancers” might be recognized as

☐
(A). Karkaṭa arbuda or advanced granthi with doṣa infiltration
☐
(B). None
☐
(C). Infectious infiltration
☐
(D). Pure mental illusions

Advanced arbuda with aggressive features may correspond to malignant tumors.

#44. Q44. Fill in the blank: Genetic disorders with epigenetic triggers might appear as _____ in Ayurveda if doṣa is aggravated from parental influence plus lifestyle.

☐
(A). None
☐
(B). Sahaja roga (congenital) plus jātaprakṛti vitiation
☐
(C). An infectious cause
☐
(D). Only mental illusions

Congenital (sahaja) rogas with altered prakṛti reflect the combined impact of genetics and parental influences.

#45. Q45. Communicable disease example in Ayurveda:

☐
(A). Jvara from external infiltration (maṇḍala jvara or epidemic)
☐
(B). Prameha from diet
☐
(C). Vāta vyādhi from dryness

☐
(D). None

Ayurvedic texts describe jvara (fever) due to external infections or epidemics.

#46. Q46. Non-communicable disease examples in classical texts might group under

☐
(A). Janapadodhvansa
☐
(B). Madhumeha, śotha, and sthaulya (obesity), which do not spread person-to-person
☐
(C). None
☐
(D). Pathogens only

Chronic conditions like madhumeha and sthaulya are non-transmissible.

#47. Q47. Genetic factor for hemophilia (clotting factor deficiency) is

☐
(A). Infectious
☐
(B). X-linked recessive inheritance
☐
(C). None
☐
(D). Mitochondrial

Hemophilia is classically inherited via an X-linked recessive pattern.

#48. Q48. Epigenetic effect can be reversed sometimes by

☐
(A). Changing environment, diet, and stress levels (e.g., reversing certain methylation patterns)
☐
(B). None
☐
(C). Genes alone can’t be reversed
☐
(D). Infectious prophylaxis

Lifestyle modifications can sometimes reverse adverse epigenetic changes.

#49. Q49. Autoimmune like rheumatoid arthritis typically involves

☐
(A). An overactive immune system producing autoantibodies targeting joint tissues
☐
(B). An infectious virus always
☐
(C). None
☐
(D). A congenital short-limbed defect

Autoimmune diseases involve the immune system attacking the body’s own tissues.

#50. Q50. Psychological disorders in Ayurveda might be managed by

☐
(A). None

☐
(B). Satvavajaya chikitsā (counseling, mind training), doṣa balancing, and supportive herbs for manas
☐
(C). Infectious prophylaxis
☐
(D). Genetic doping

Ayurvedic management of psychological disorders involves counseling, doṣa balancing, and supportive herbal therapy.

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