



ISSN 2456-3110

Vol 7 · Issue 11

December 2022

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Maharshi Charaka
Ayurveda

Indexed

Exploration of standardized diagnostic protocol in Ayurvedic perspective w.s.r to *Nidana Panchaka* and its relevant application in current clinical practice

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ABSTRACT

Diagnosis is a fundamental component in clinical practice with significant implication in patient care, research & health policy. Diagnosis in health care is among the most important processes since the protocol for the patient treatment depends on this step. WHO recently prioritized patient safety areas in primary care and included diagnostic errors as a high-priority problem. Most people will likely experience a diagnostic error in their lifetime. Despite of extensive investigation understanding the etiopathogenesis still remain elusive in contemporary practice. The time pressure often involved in clinical appointments also contribute to challenge in the clinical history & interview. Though diagnostic error is frequent in contemporary practice but still represent an underemphasized & understudied area of patient safety. Defeating and dissecting diagnostic error is the need of era which can be challenged by understanding as well as implementing the principles of *Nidana Panchaka* as per *Ayurvedic* Perspective. Developing and validating diagnostic tools for disease enumerated in *Ayurvedic* classical texts can help in standardizing the clinical approach even when attempting to arrive at a patient specific diagnosis. The author has made an attempt to explore the concept of five basic diagnostic protocol under the heading *Pancha Nidana* and its relevancy in contemporary clinical practice.

Key words: *Nidana Panchaka, Samprapti, Yukti Vyapasraya Cikitsa, Anubandha, Prognosis.*

INTRODUCTION

Diagnosis is one of the most important tasks performed by primary care physicians which have important implications for patient care, research & health policy. WHO recently prioritized patient safety areas in primary care and included diagnostic errors as a high priority problem.^[1] Most people will likely

experience a diagnostic error in their life time. Limited time for clinical visit may lead to an incomplete picture of a patient's relevant history and about the evolution of disease process which contributes diagnostic error and in providing unnecessary health care. Unnecessary health care whether it may be testing, medication or procedures leads to contribute high volume & high cost investigation instead of appropriate treatment. Despite of extensive investigation and advanced diagnostic criteria understanding the etiopathogenesis still remain elusive in contemporary practice. Though diagnostic error is frequent in contemporary practice but still represent an underemphasized & understudied area of patient safety. Defeating and dissecting diagnostic error is the need of era. Diagnosis is featuring its own importance in every system. Modern medicine gives more importance to the specific treatment where as ancient system of Indian medicine gives more importance to holistic treatment. *Ayurveda* has a holistic and person centric approach

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Submission Date: 03/10/2022 Accepted Date: 14/11/2022

Access this article online

Quick Response Code



Website: www.jaims.in

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towards health & disease which in turn necessitates consideration of several factors in the process of a diagnostic work up.^[2] Developing and validating diagnostic tools for disease enumerated in *Ayurvedic* classical texts can help in standardizing the clinical approach even when attempting to arrive at a patient specific diagnosis. In *Ayurveda* owing to its holistic and patient centric approach the diagnosis involves the assessment of several subjective & objective parameters pertaining to disease as well as patient. It has been advocated to understand the evolution of disease process step by step with minute assessment of all possible disease enhancing factors as well as several subjective & objective parameters pertaining to disease process.^[3] More over for personalizing the therapy, *Ayurvedic* diagnostics rely on an algorithmic approach that necessitates the assessment of various subjective and objective parameters relating to the patient (*Rogi Pareekshya*) as well as the manifested disease (*Roga Pareekshya*). Hence an attempt has been made by the author to explore the concept of *Pancha Nidana* as standardized diagnostic tool prescribed in *Ayurvedic* classics and justifying its necessary incorporation in current practice to defeat diagnostic error.

AIM AND OBJECTIVE

1. To explore the concept of *Pancha Nidana* in *Ayurvedic* perspective to validate it as standardized diagnostic protocol in clinical practice.
2. To understand its relevant application in contemporary practice to defeat & dissecting various diagnostic error.

MATERIALS AND METHODS

1. A critical contextual review has been made in various *Ayurvedic* treatises related to *Pancha Nidana*.
2. Some web journals are also referred for understanding various diagnostic issues in current practice.

REVIEW OF LITERATURE

Acquiring clinical history and interviewing the patient will be helpful not only to understand the evolution of

disease process and its nature but also provides information for determining the diagnosis. A common maxim in medicine attributed to William Osler is “just listen to your patient he is telling you the diagnosis”.^[4] A patient’s clinical history includes documentation of the current concern, past medical history, family history, social history and other relevant information such as current medication & dietary supplement. But the time pressure often involved in clinical appointments also contribute to challenge in the clinical history & interview. Limited clinical visit may lead to an incomplete picture of a patient’s relevant history & genesis of disease which contributes various diagnostic errors such as misdiagnosis; alter diagnosis, error in advising high cost & volume investigation as well as medication. Such type of diagnostic error is frequent in contemporary clinical practice which needs to be defeated & dissected.

Ayurveda is highly systematized medical system resting on proven theories & thousands of years of documented clinical observation with unbroken & successfully continuing clinical practice. Despite of these proper recognition and appreciation have been denied for *Ayurveda*. One of the major criticism it its use of language seen to be archaic and of terms that do not relate to the modern scientific terminologies that one is familiar with. But the concepts and terms are to be explored scientifically for validation and relevant application in the light of contemporary science.

The fundamental principle of etiopathogenesis and diagnosis is based on *Doshic Siddhanta*. Emphasis has been given on understanding the evolution of disease based on the concept of *Pancha Nidana* rather than only identifying the disease based on some diagnostic parameter.^[5] Holistic approach of *Ayurveda* has lay emphasized on restoration of physiology of bodily system and regularity of afflicted *Dosha*, *Dhatu* and *Mala* instead of only to provide relief of symptoms.

Pancha Nidana has been recognized as the most ideal evaluating diagnostic tool consisting of five tools such as *Nidana*, *Purvarupa*, *Rupa*, *Upasaya*, and *Samprapti* which provides a comprehensive knowledge about the disease.^[6] Logical or rational approach of any type of therapeutic or preventive aid i.e., *Yukti Vyapasraya*

Cikitsa can possible only after getting the comprehensive knowledge of disease.

In contemporary science *Nidana* means etiology i.e. obtaining the knowledge of causative factors whereas the term '*Nidana*' in *Ayurveda* perspective can be interpreted as '*Vyadhi Janaka Nidana*' or '*Vyadhi Bodhaka Nidana*'.^[7] Among the five tools of *Pancha Nidana* the first term '*Nidana*' is recognized as *Vyadhi Janaka Nidana* that provides the knowledge of detail causative factor and all the five tools i.e., *Nidana*, *Purvarupa*, *Rupa*, *Upasaya* & *Samprapti* collectively recognized as '*Vyadhi Bodhaka Nidana*' that provides the detail comprehensive knowledge about the nature of evolution of disease.^[8]

The term '*Nidana*' as etiological factor can be understood in various point. *Trividha Nidana* has been described by *Acharya Charaka* such as *Asatmendriya Samyoga*, *Prajnapradha*, *Parinama*.^[9] Again the causative factor can be evaluated as immediate cause i.e., *Sannikrista Nidana* and contributory or precipitating cause i.e., *Viprakrista Nidana*.^[10] The immediate cause of a disease is the primary factors of a disease and contributory or precipitating causes though not cause disease themselves but provided condition to triggers the disease process. The fundamental principle of *Ayurveda* recognizes *Vatadi Dosh* as *Sannikrista Karana* for respective diseases where as *Asatmendriya Samyoga*, *Parinama* or *Kala Prabhava* or *Karma Prabhava* are recognized as *Viprakrista Karana* for triggering the *Dosha Prakopa*.^[11] Contemporary science perceives the different organism like bacteria or viruses which are recognized as prime concern for manifestation of disease are immediate cause where as the environment food or regimen which provides condition to promote infection are recognized as precipitating or contributory cause. For ex a virus causing diarrhea is the immediate cause but contaminated food or water, lack of resistance power, seasonal impact which provides platform for virus infection are recognized as precipitating cause. Again all the causative factors of respective disease as mentioned in *Shastra* when indulged may or may not produce similar effect in individual.^[12] Intensity of *Dosha* aggravation depends

upon intensity of *Apathya Sevana*. Even after intake of *Nidana* it does not cause disease due to many factors such as its intensity of aggravation, resistance power of the patient in general or specific against disease, vitality etc.^[13] Such type of *Nidana* which does not cause disease even after indulged but act as carrier and wait for favorable condition to flourish are recognized as *Vyabhichari Hetu*. Other type of factor which is so powerful to produce ailments immediately is recognized as *Pradhanika Hetu*. Poisoning, anaphylaxis, hypersensitivity etc are identified as *Pradhanika Hetu*. Without obtaining the comprehensive knowledge of detail causative factors disease can neither be diagnosed accurately nor treated rationally. Because the same *Nidana* can cause one or more systemic disorder. For ex by indulging *Pitta* aggravated dietary regimen and conduct vitiation of *Pitta Dosh* & *Rakta Dhatu* can result one or more disorders related to *Rasavaha* & *Raktavaha Srotas*. But by understanding the nature evolution of *Sroto Dusti* the nature of disease can be understood whether it is *Svatantra* or *Paratantra*, *Anubandhya* or *Anubandha*, *Nija* or *Agantuja* in origin and accordingly treatment approach can be administered rationally with an aim to abolish the evolving factors of disease gradually.

Nidana gives a clue about the intensity of the *Dosha* aggravation and chronicity of the disease. Detail history of the disease such as types, duration of intake, intensity etc. will be helpful for prognosis of the disease. If the attribute of causative factors resemble to the nature of *Dosha*, *Dhatu* & *Mala* disease will not be abolished easily and the prognosis of the disease will be *Kricchrsadhya*.^[14] Intensity of disease depend upon the intensity of *Nidana Sevana* and duration of intake in relation to other supporting factors such as *Prakriti*, *Vaya*, *Desha Prabhava*, *Kala Prabhava* etc. Based on the knowledge of *Dosha* predominance from concern *Nidana Dosh Pratyanka Cikitsa* can be advised. Holistic approach of *Ayurveda* lays emphasis on '*Nidana Parivarjana*' which is to be administered in various stages such as from the early stage for prevention in due course of disease for reducing intensity and even after the disease for eradication of recurrence or any secondary manifestation.

Purva Rupa

Purva Rupa are the premonitory symptoms which are the indicators of the impending disease and inform us that some chain of untoward events occurring in the body and may in near future sum up into full blown diseases. Amalgamation of vitiated *Dosha* and susceptible *Dhatu* produce certain unclear symptoms which indicate the forthcoming disease. These symptoms are fewer and not clearly mentioned or feebly manifested. It is an early sign or symptom that often indicates the onset of a disease before more diagnostically specific signs and symptoms develop. These prodromes may be non specific symptoms or in a few instances may clearly indicate the particular disease. *Purva Rupa* can be classified as *Samanya* and *Visista*. *Samanya Purvarupa* indicates the forth coming disease but don't give any idea about *Dosha* Predominance. *Visista Purvarupa* is neither related to *Dosha* nor *Dusya* related feature. When the prodromes are entirely different from the feature related to *Dosha-Dusya* amalgamation it indicates fatality and bad prognosis.^[15] *Charaka Samhita* the great compendia of *Ayurveda* lay emphasis on keen observation of *Purvarupa* from prognosis point of view and describes some prodromes features in context of some disease in *Indriya Sthana* which has been seen entirely different from etiopathogenesis of the patient and these features are recognized as bad prognostic feature.^[16] Again when all the *Purvarupa* in reference disease as prescribed in text are manifested in full fledged form even continue in actual stage of the disease then it indicate bad prognosis of the disease or its incurability.^[17] Sometimes *Purvarupa* indicate about the predominance of *Dosha* in the fore coming disease and manifested more clearly than feebly manifested feature is also recognized as *Visista Purvarupa*.^[18] Such as according to *Acharya Harita* & statement of *Sushruta* the *Purvarupa* of *Vatika Jvara* is yawning, malaise and *Daha* as predominant feature in *Purvavaastha* indicate the fore coming *Paittika Jvara*.^[19] Prodromal stage or *Purvarupavastha* is considered as one of the earlier *Kriyakala* or most suitable time to intervene in the disease.^[20] The knowledge of *Purvarupa* not only provides a brief idea

about the upcoming disease and in identifying the disease in its earliest form but also with the help of early intervention it prevents disease process & progress.

Rupa

Symptoms when fully manifested are called *Lingam*.^[21] Signs and symptoms of the fully manifested disease indicating the specific characteristics of disease like the dominance of *Dosha*, various stages of disease such as *Amavastha*, *Pachyamanavastha* or *Pakvavastha* etc. Signs and symptoms can be *Samanya* related to *Doshic* nature due to vitiation of specific *Dosha* or it can be *Pratyatma* represented as invariable symptoms of disease. Knowledge of invariable symptoms related to any disease will be helpful in correct diagnosis among manifestation of all possible diseases. It involves in distinguishing a particular disease or condition from others that present with similar clinical features. Differential diagnosis is defined as the process of differentiating between probabilities of one disease versus that of other disease with similar symptoms that could possibly account for illness in a patient. Such as hyper pyrexia in fever and loose frequent motion in *Atisara* or Diarrhea is invariably related to it. A sign is an objective, observable phenomenon that can be identified by another person where as a symptom is a subjective experience presented by the patient. Keen observation of both signs & symptoms and its nature, time of manifestation etc. will be helpful in differential diagnosis and arriving at a definite conclusion. According to *Ayurvedic* fundamental principle in most of the cases confirm diagnosis based on *Dosha Pradhanya* will be made on the basis of subjective features. For ex irregularity in onset and alleviation, irregularity in temperature, occurrence of fever particularly in afternoon, after digestion of food etc. indicate the *Vata* predominance and diagnosed as *Vatic fever*.^[22] Similarly in *Gulma*, if the aggravation of the disease will take place after the food digested and alleviation of the ailments occur by intake of food it indicates the *Vata* predominance where as deep tenderness in the affected part of *Gulma* indicate *Pitta* predominance.^[23] Among the manifested features related to *Dosha* predominance or stages of disease

some are perceivable some has to obtain from patient experience by logical questionnaire. *Ayurveda* also lay emphasis on keen observation of signs & symptoms and other related diagnostic features to evaluate the more or most predominant *Dosha* while one or more *Dosha* are involved in genesis of disease. The comparative or superlative term i.e., 'Tara' or 'tama' in relation to evaluate *Dosha* predominance is based on predominance of manifested features. Enumeration of disease as per *Dosha* predominance i.e., *Vatic*, *Paittika* or *Kaphaja* etc. is decided as per nature of manifested features disease. Rational approach of therapeutic measure can be advised either in form of *Sansodhana* or *Samsamana* is based on the evaluation of various subjective assessment of *Dosha* predominance. In reference to signs & symptoms the Signs are the features what the clinician have to perceive in cognitive where as symptoms are complains what the patient describes can be deducted by logical questionnaire. A comprehensive knowledge about signs & symptoms of respective disease and their keen observation by any mean will be helpful to make confirm diagnosis followed by differential diagnosis of the disease. For e.g. night pain indicate duodenal ulcer where as night pain is absent in gastric ulcer and deep tenderness in right hypochondrium and no vomiting indicated the probable diagnosis of duodenal ulcer where as deep tenderness in the midline of epigastrium and vomiting is common in gastric ulcer.^[24]

Upasaya

Upasaya can be regarded as implementing aspects of the hypothetico deductive method. It is recognized as a systematic diagnostic method used to identify the presence of a disease entity where multiple alternatives are possible. This method may employ algorithms to differentiate the ailments likely to have similar cause and symptoms and to deduct the final diagnosis so as to plan accurate remedial measures. It is a trial and error method in diagnosing a disease when the signs and symptoms of the disease are concealed or simile with many ailments making it difficult to diagnose a given condition. The concealed symptoms of a disease are examined with the help of *Upasaya* and *Anupsaya*.^[25] *Upasaya* means relieving factor and

Anupsaya is non relieving factors of a disease.^[26] The concept of *Upasaya* not only serves as a diagnostic tool and helps in differential diagnosis of a disease but also to plan and implement proper diet & life style practices ideal for combating a disease on the basis of trial & error method. A judicious application of medicine, diet and lifestyle are advised as *Hetu Viparita* (opposite to the cause of disease), *Vyadhi Viparita* (opposite to the disease itself), *Hetuvyadhi Viparita* (opposite to both cause of the disease and also to the disease), *Hetu Viparitarthakari* (Similar to the cause of the disease), *Vyadhi Viparitarthakari* (similar to the disease itself), *Hetuvyadhi Viparitarthakari* (similar to both cause of the disease and disease itself).^[27] The administered medicine may having the attribute opposite to cause of the disease, only the disease or both and provide relief it is considered as *Upasaya* and when the medicine in spite of being opposite to the disease qualities, don't pacify the disease rather aggravate the symptoms are considered as *Anupsaya*. Concept of *Upasaya* will be helpful in differential diagnosis of a disease. For ex the pain in the *Janu Sandhi* may raise doubt in the mind of the physician regarding its diagnosis as *Amavata* or *Sandhivata*. *Sthanika Taila Prayoga* as *Upasaya* will result in clarity of diagnosis. If the patient gets relief then it is diagnosed as *Sandhivata*. On the other hand even if the medicines or dietary regimen having similar attribute to disease they produce relief of the symptoms are also considered as *Upasaya*. For ex. *Randia dumetorum* having emetic action and in real sense should worsen the vomiting episodes but still administered in *Vamana Karma*. *Vamana Karma* is done as a remedy for some diseases to induce vomiting. Though milk is known to have laxative property but the milk in this instance is used as a remedy for diarrhea. Administering milk as a purgative in diarrhea i.e., as a remedy for diarrhea has been used in many cases. In some cases of acute indigestion by inducing vomiting all the undigested food materials get eliminated and the patient gets relief. Generally, when the medicines having similar qualities of the disease is administered and expect them to aggravate the disease but still in some condition it relief the symptoms are also considered as *Upasaya*. Administration of *Upasaya* and *Anupsaya* in

any disease may have different possible outcomes. When the administered *Ousadha*, *Ahara* etc. pacify the disease symptoms being antagonistic to the disease then it indicates that approach, planning and implementation of treatment was absolutely correct. When in spite of being antagonistic to the disease the administered *Ahara*, *Ousadha* etc. aggravate or not pacify the disease it compels us to change the approach towards diagnosis and treatment. For ex in *Urustanbha* by application of *Snigdha Upachara* which though opposite attribute to the *Vata Dosha* still not pacified due to entangle by *Kapha*. Hence it compels to change the approach of treatment. Hence, *Ruksha Upachara* has been advised in reference to *Urustanbha*.

Samprapti

Samprapti as *Vyadhi Bodhaka Nidana* provides the complete knowledge about subsequent process involved in the etiopathogenesis of disease. It indicated how a disease is formed including the entire process right from the exposure to causative factors up to manifestation of disease feature.^[28] Overall it gives a précised and comprehensive picture of the nature of the disease and helps in drafting the blueprint for comprehensive treatment. As the fundamental principle of treatment in *Ayurveda* is based on *Doshic Siddhanta* it need to understood the detail pathogenic activities and the effect caused by *Dosha* involved in a disease process. Individual elements such as *Nidana*, *Purvarupa*, *Rupa* etc. provide knowledge about the intensity of would-be disease, prognosis, diagnosis of the disease based on invariable features etc but well versed knowledge about the subsequent progress involved throughout the course of etiopathogenesis will be helpful for administration of rational approach of therapeutic measure with an aim to abolish all the etiopathogenic factors subsequently. *Samprapti* gives a comprehensive knowledge about *Dosha Kriyakala* (*Dosha Sanchaya*, *Prakopa* & *Prasara*) and *Vyadhi Kriyakala* (*Sthana Samsraya*, *Vyakta* & *Bhedavastha*) which may be translated respectively as accumulation or passing beyond the optimum level or threshold, circulating or spreading to distant parts of the body or all over the body from the point of entry or primary

focus, setting down on some favorable spot of least resistance and start the mischief there and produce well defined characteristics of disease leading to its identification & differentiation. Accordingly, all diseases have subclinical stage and only when symptoms manifest themselves they come to the clinical stage. These stages bear very close resemblance to the modern description of infection, incubation, localization, local manifestation etc. *Samprapti* is of five types such as *Sankhya Samprapti*, *Pradhanya Samprapti*, *Vidhi Samprapti*, *Vikalpa Samprapti*, *Bala Samprapti*, *Kala Samprapti*.^[29] Disease can be prevented by *Nidana Parivarjana* or treated symptomatically based on manifested signs & symptoms but the evolution of the pathogenesis as well as etiopathogenic factors can be abolished by implementation of treatment principle based on *Samprapti Jnana*. *Sankhya Samprapti* helps in understanding the types and subtypes of disease which in turn will help in planning treatment according to the manifestation of disease in various forms. Various classification of disease in *Ayurveda* has been described on the basis of predominant *Dosha*, various types of *Lakshana*, *Vyadhi Marga* (different tract), *Dosha Gati* (different routes) and peculiarities of manifestation of *Dusya*. Basic principle of *Ayurveda* laid emphasis on consideration of all these above-mentioned factors for systemic planning of therapeutic measures. For ex treatment principle of *Jvara* has been decided as per involved *Srotas* not as per *Jvara Lakshana*. Treatment principle as per basic fundamental principle of *Ayurveda* has been advised as per involved *Srotas*, *Roga Marga*, predominance of *Doshic* factor etc. Treatment principle as per the involved *Srotas* is able to abolish the pathogenesis from respective *Srotas* by *Srota Suddhi* and prevent the further evolution, recurrence or complication of diseases by checking. For ex in bleeding disorders administration of *Stambhana Dravya* or haemostatic drugs may provide symptomatic relief but pathogenesis or evolution process cannot be checked by such therapy. In *Asrigdar* most commonly used treatment in contemporary practice are haemostatic, analgesics and hormonal therapies which are to be decided as per evolution of disease such as an

ovulation or not ovulating every month or having abnormal tissue in the uterus such as polyps, fibroids or adenomyosis or having condition that increases bleeding throughout the body. Without understanding the evolution only random uses of antifibrinolytic medicines, nonsteroidal anti-inflammatory drugs etc. will not be that much effective. Evolution as well as manifestation of the disease in respective *Rogamarga* is to be understood for rational approach of treatment principle and prevention of *Cikitsa Vyapad*. It has been advised to evaluate the location of *Dosha* (*Sthana Samsraya* of *Dosha*) before elimination or *Sansodhana* therapy. When the *Sama Dosha* is firmly lodged in *Sakha Marga* or *Tiryak Marga* it cannot be evacuated directly by *Sansodhana*. By mean of Preparatory measures such *Deepana*, *Pachana*, *Snehana*, *Svedana* etc. *Dosha* are to be directed to *Koshtha* from *Sakha Marga* and after arrival in *Koshtha*, *Dosha* are to be evacuated either by *Vamana* or *Virechana* in respective route.^[30] Based on this principle in *Amavata* direct *Sansodhana* cannot be advised without *Purvakarma* like *Snehana* & *Svedana*, *Deepana*, *Pachana* etc. Specific dietary regimen or medicament approach has been decided in some diseases as per involvement *Srotas* or *Rogamarga*. For ex based on the principle of *Langhana* for the treatment of *Raktavaha Srotas*, *Tarpana* and *Peya* has been advised in reference to *Urdhwaga* and *Adhoga Raktapitta* respectively.^[31] The broad vision of holistic treatment in *Ayurveda* aims in restoration of equilibrium of *Dhatu* involved as etiopathogenic factor in the evolution process of the disease i.e. restoration of systemic function which can be achieved by administration of treatment principle as per *Samprapti* but not to deal the disease as per symptoms only. Because equilibrium of *Dhatu* represent the action itself which is invariably associated with the alleviation or absence of disease. Understanding the etiopathogenesis of disease as per fundamental of *Samprapti* will provide multidimensional opportunity not only to evaluate the disease such as keen diagnosis, prognosis but also to make complete abolition of pathogenesis, prevention & eradication of disease, its recurrence (*Punaravartana*), secondary manifestation

(*Nidanarthakara Roga*) and complications (*Upadrava*) even of advancement of knowledge in research.

DISCUSSION

Objects of *Ayurveda* is to relieve mankind from disease and death and to ensure long life with full of health and youthful vigor which necessitates understanding of the mechanism, causative factor as well as administration of rational therapeutic or preventive measure with thorough understanding of the mechanism of host. The concept of *Nidana Panchaka* gives a comprehensive knowledge which summarizes the genesis of disease in all aspect, detail about the etiopathogenic factors involved in disease process, their root in detail from evolution up to manifestation, possible secondary manifestation & complication etc. By mean of systemic planning for treatment as per nature of evolution of disease such as *Anubandha* or *Anubandhya*, *Svatantra* or *Paratantra*, *Nidanarthakara Roga* or *Upadrava* etc. developed pathogenesis can be abolished subsequently. Again, *Ayurvedic* texts strongly emphasize that it is not necessary to name the every disease. The understanding of the disease in terms of *Nidana* (etiology), *Dosha* (Dysfunction) and *Dusya* (target tissue) as well as the stages of progress of the disease can be play crucial role in rational approach of therapeutic measure. Based on this principle attempt can be made to derive treatment principle of new or newer diseases those are not listed in the text.

CONCLUSION

A timely diagnosis is a critical step to ensure a proper access to expert clinical management for patients. Digital technologies offer new opportunities for improving diagnosis however developing and testing digital solutions would not possible to detect the evolution of *Vyadhi Sankara* & *Linga Sankara*. Diagnosis is featuring its own importance in every system irrespective of mode of treatment. Modern medicine gives more importance to the specific treatment whereas ancient system of Indian Medicine gives more importance towards holistic treatment. *Ayurveda* has a holistic and person centric approach towards health & disease which in turn necessitates consideration of several factors in the process of a

diagnostic work up. Developing and validating diagnostic tools for disease enumerated in *Ayurvedic* classical texts can help in standardizing the clinical approach even when attempting to arrive at a patient specific diagnosis.

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How to cite this article: Prof. Kshirabdhi Tanaya Rautaray, Shiva Prasad Mohanty. Exploration of standardized diagnostic protocol in Ayurvedic perspective w.s.r to Nidana Panchaka and its relevant application in current clinical practice. J Ayurveda Integr Med Sci 2022;11:67-75.

Source of Support: Nil, **Conflict of Interest:** None declared.
