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INTEGRATIVE AYURVEDA NIDANA FOR GOOD CLINICAL PRACTICE - A CAUSE **OF CONCERN**

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ABSTRACT

Nidana term in Ayurveda is not exclusively mean to Diagnosis (tool to know about the causative factor) as in other contemporary medical science. It also means selecting medicine, fixing treatment protocol, and selecting a particular procedure too. Its meaning and application are little more to the term Diagnosis; what is routinely projected. The causative factors can be Nija i.e. Ahara, Vihara, or Aagantuja i.e some external factors like bacteria, viruses, epidemiology, etc. In Ayurveda, the diagnosis and treatment of the disease are always individual to each patient and customized according to Prakriti, Vikriti, and Sara like Dashavidha Parikshya Bhava. Concept of Prakriti (personalized method of analyzing diseases) or by knowing about the constitution; treatment could be precise and devoid of complication. All diseases are caused by aggravation and imbalance of *Tridosha* i. eVata, Pitta, Kapha. The Tridosha aggravation may occur due to the intake of Mithya Aahara and Vihara (improper diet and regimen) and Mandagni (less digestive power) which needs to diagnose properly by Ayurvedic methods for best result. Diagnosing disease on the basis of Ayurvedic principles requires in-depth knowledge of Pancha Nidana, examination skills, logical thinking, and continuous practice. Contemporary medical practices will often pacify the symptoms (Medicine of Symptomatology) without addressing the cause (Medicine of Etiology). But from the diagnostic point of view, contemporary tools like CT scan, MRI, Hemogram, ECG, 2D Echo, etc are very useful in critical conditions. Integration of all with broad application not only helps for Good Clinical Practice but pre-diagnosis and identifying Co-morbid factors or Biomarkers which are else beneficial in Ayurveda practice for mainstreaming.

Keywords: Main streaming, *Nidana*, *Pancha Nidana*, Individual Medicine.

INTRODUCTION

Ayurveda is the traditional comprehensive health care system that has been practiced in India for more than 5000 years. It is a specialized system of medicine that covers all medical fields and surgery. Generally, the word *Nidana* means to identify the disease in the whole aspect. Ayurvedic diagnosis is based on etiological factors. The approach of diagnosis involves investigation of causes and their correlation with signs and symptoms and comparison with the strength of the patient.

Diagnosis in Ayurveda mainly depends on the Prakruti of the individual and the progression of the diseases. Another important aspect of diagnosis is Vikruti Parikshana in which there is consideration of the Dosha movement and patho-physiology of Dhatu and Mala. To understand the disease, one needs the Dosha Dhatu Mala Vijnana, pathology (wrong with anatomy and physiology) and psychology (thoughts and behavior), etc. Once the doctor knows what is normal and can measure the patient's current condition against those norms, the doctor can determine the patient's particular deviation from homeostasis, and that degree of deviation is called diagnosis. Once the diagnosis has been reached the doctor can propose a management plan which will include treatment as well as plans for the follow-up.

ROGASTU DOSHA VAISHAMYA DOSHA SAMYAM AROGATA¹.

Aptopadesha, Pratyaksha, and Anumana Pramana are the methods used for understanding the stage, state, and site of the Dosha, state of Dushya, and the site of Dosha Dushya Samurchhana.

ROGOMADAUPARIK-

SHYAYETTADANANTARAMAUSHADHAM².

The physicians should examine first thoroughly and then treat the patient skillfully. *Roga Pariksha* comprises knowledge of etiology, etiopathogenesis, and symptomatology. The objective of *Ayurveda Nidana*

includes all i.e., diagnosis, treatment, and health maintenance, which is little more potential and complementary than the contemporary diagnostic system.

MATERIALS AND METHODS:

Knowing/ understanding the cause and disease, assessing their severity, disease-bearing capacity, sustaining in virulence, etc are the different tools on which *Ayurveda Nidana* depends. A few examples are-

1. Nidana Panchaka:

- *Hetu*-The causative factors of the disease are called *Nidana*. It has various synonyms such as *Hetu*, *Nimitta*, *Ayatana*, *Kaarana* etc³.
- *Purvaroopa*-Before complete manifestation of disease, the pre-clinical symptoms or prodromal-symptoms are called *Purvaroopa*. This is also a tool to know about the future entry of diseases (Co-morbid factors are yet to be labeled)⁴.
- Roopa-Signs and symptoms (the complete presentation) of the disease are called Rupa or Lakshana⁵.
- *Upashaya*-Therapeutic test with the use of relieving factors of the diseases such as medicines, food, or activities is called *Upashaya*. The aggravating factors are called *Anupashaya*⁶.
- *Samprapti*-The mechanisms by which the *Doshas* get vitiated and pathways through which they produce the disease (pathogenesis), are called *Samprapti*. Its synonyms are *Samprapti*, *Jaati*, and *Aagati*⁷.

2. Principle of Ayurvedic Nidana:

It has been said that the origin of *Ayurveda* involves scientific reasoning which works around its principle. Diagnostic methods of *Ayurveda* based on the concept of *Dosha* imbalances, failure of *Dhatu* resilience, and more it is the result of *Dosha Dhatu* interaction. *Ayurveda* suggests some methodologies for the diagnosis of disease; like *Trividha Pariksha*, *Ash-*

tavidhaPariksha, and Dashavidha Pariksha.

TRIVIDHA PAREEKSHA: In Ayurveda, Acharya Charaka has mentioned Trividha Pareeksha for Rogi Pareeksha

Darshana (Inspection) –Direct observation of the patient, change in color, dryness, lethargy, measurements, structure, deformities, etc.

Sparshana (Palpation) – Temperature, Palpitations Organomegaly, Tenderness, etc.

Prashna (Interrogation)— Name, age, occupation, complaints, H/o present illness, H/o past illness, family history, etc., and Aahara, Vihara, Kostha, Agni, Mala-Mutra Pravrutti, Nidra, Vyasana, etc.

ASTHAVIDHA PARIKSHA:

- 1. **Nadi Pariksha:** Examination of pulse Examination of the radial pulse, 1 cm below the wrist joint of the right hand of a male patient or left hand of a female patient with the help of the first three fingers of the physician -examine the rate, rhythm, volume, tension & force) pulse, and identify the *Vata*, *Pitta*, *Kapha* pulsations at the index, middle, and ring fingers respectively. It explains as *Jalauka/Sarpa Gati* in *Vata Dosha* dominancy, *Manduka Gati* in *Pitta Dosha* Dominance, and *Paravat/Hamsa Gati* in *Kapha Dosha* dominancy.
- 2. *Mutra Pariksha*: For urine, examination collects the sample of urine in the early morning and tests for its frequency, density, quantity, smell, color, presence & absence of blood, presence & absence of pus, presence of calculus, presence of semen, etc.
- 3. *Mala Pariksha*: Many diseases information can be collected from the color, consistency, frequency, etc.
- 4. *Jiwha Pariksha*: Tongue is examined for any coating, fissure, discoloration, luster, etc.
- 5. **Shabda Pariksha:** Examination of the voice of the patient *Rukshya* in *Vata Prakopa*, Sharp with a high pitch in *Pitta Prakopa* and heavy in *Kapha Prakopa Avastha*.
- 6. **Sparsha Pariksha (Through Skin):** Examination of the skin of the patient –The skin becomes cool, blackish, brownish in *Vata Prakopa*, it becomes hot and red in *Pitta Prakopa*; white and associated with moistures in *Kapha Prakopa* condition.

- 7. **Drik Pariksha:** Examination of the eyes of the patient Pallor, icterus, redness, swelling, etc. are examined under *Drik Pariksha*. In *Vata*, dominancy eyes become *Rukshya*, yellowish with *Daha* association in *Pitta* dominance and *Snigdha* in *Kapha* dominancy.
- 8. Aakruti Pariksha: Examination of body built of the patient; like height, circumference, weight, etc.

DASHAVIDHA PAREEKSHA:

- 1. *Prakruti*-Constitution of the patient (e.g., Vataja, Pittaja & Kaphaja etc.)
- Vikruti-Strength of the disease (e.g., Pravara, Madhya & Avara)
- 3. *Saara* Dhatus of best quality (e.g., Twak, Sara, Samhanana etc.)
- 4. *Samhanana*-Compactness of the body (Pravara, Madhya & Avara)
- 5. *Saatmya*-Habitual and suitable foods etc. (*Pravara, Madhya & Avara*).
- 6. *Satva*-Mental strength (*Pravara*, *Madhya* & *Ava- ra*)
- 7. **Pramana**-Measurements of the body (*Pravara*, *Madhya & Avara*)
- 8. *Aahara Shakti*-The capacity of food intake and power of digestion; includes *Abhyavaharan Shakti* intake capacity (*Pravara, Madhya & Avara*) *Jarana Shakti* Digestive capacity (*Pravara, Madhya & Avara*)
- 9. **Vyayama Shakti-**Strength of the patient is examined by his exercising or normal working capacity (*Pravara*, *Madhya & Avara*).
- 10. **Vaya-**Age group of the patient belongs to (*Bala/*Childhood age, *Madhya Vaya/*Young Age & *Vriddha/* old age person).

Shatkriyakala (Stages of manifestation of diseases):

1. Sanchaya (Accumulation of Doshas)

Dosha-Vriddhi in its own place (seat) is called Sanchaya. Accumulation of Doshas first takes place in their normal seats of predominance. Lakshanas of this stage are as follows-

तत्रसञ्चितानांखलुदोषाणांस्तब्धपूर्णकोष्ठतापीतावभासताम न्दोष्मताचाङ्गानांगौरवमालस्यंचयकारणविद्वेषश्चेतिलिङ्गानिभ वन्ति । तत्रप्रथमःक्रियाकालः ॥१८॥ (Su. Sam.21/18)

As soon as this accumulation starts, it is reflected in the mind in the form of a desire for the quality's opposite to those of the particular *Dosha* and the patient develops a hatred for substances having similar qualities to the accumulated *Dosha*.

2. प्रकोप(Aggravation of Doshas) तेषांप्रकोपात्कोष्ठतोदसञ्चरणाम्लीकापिपासापरिदाहान्न द्वेषहृदयोत्क्लेदाश्चजायन्ते |तत्रद्वितीयःक्रियाकालः || (Su. Sam.21/27)

Aggravations of Doshas are of two types:

- i.चयप्रकोप-Aggravation of *Dosha* followed by its accumulation. This can be either (a) As seasonal *Chaya* & *Prakopa*, or (b)As *Chaya* & *Prakopa* due to Faulty diet & regimen.
- ii. अचपप्रकोप- Sudden aggravation of *Doshas* can also beoccurred without the stage of accumulation due to harsh activities, day sleep or sunburn trauma, etc.
 - 3. **THY** (Spread of aggravated *Doshas*) If the earlier stage is not treated, then the aggravated *Doshas* expand and overflow just like starch with yeast, when soaked in water overnight, it gets fermented and rises in its vessel. Here *Doshas* start expanding, overflowing from their seats, and spreading to other parts of the body.

एवंप्रकुपितानांप्रसरतांवायोर्विमार्गगमनाटोपौ, ओषचोषपरिदाहधूमायनानिपित्तस्य, अरोचकाविपाकाङ्गसादाश्छर्दिश्चेतिश्लेष्मणोलिङ्गानिभवन्ति; तत्रतृतीयःक्रियाकालः ॥ (Su. Sam.21/32)

4. स्थानसंश्रयः(Localization of the aggravated Doshas)

एवंप्रकुपितातांस्ताञ्शरीरप्रदेशानागम्यतांस्तान्व्याधीन्जनय न्ति

The aggravated *Doshas* circulate all over the body during *Prasara Avastha* if not treated properly, then develop to the next stage to get settled or localized in a part of the body by selecting the favorable condition, or weak tissue, organ, channel or vitiated *Srotas*. This stage of disease gives rise to prodromal symptoms and catches different types of diseases.

- 5. **Again** (Manifestation of signs & symptoms of disease)-Later on the complete manifestation of signs and symptoms of the disease takes place.
- 6. भेद(Chronicity or Differentiation of disease)-

After some time if the disease process continues, then the disease becomes chronic, and the physician can differentiate the exact types of *Dosha* vitiation. If this stage is not treated properly, then complications may occur, and the disease becomes incurable (असाध्य).

The benefits of learning about Kriyakala are-

- a. The knowledge of the stages of disease provides an opportunity to prevent it in an earlier stage or treat it properly.
- Kriya Kala helps to understand the progress of diseases as well as to plan suitable preventive measures.
- c. If the physician skips the earlier stages due to any reason and the disease progresses to a later stage, then also he can treat the disease and stop it to progress further with the help of *Kriya Kala*.
- d. Different stages require different types of treatment measures that should be applied to the respective stages only.

Elements of Ayurvedic Diagnosis:

- a. **Hetu:** Mithya Aahara Vihara, Sannikrushta, Vipraprushta, Doshhetu, Vyadhihetu, Ubhay hetu.
- b. *Sthana* (location), *Atma Rupa* (cardinal symptom), *Prakopa Lakshana* (symptoms of aggravated humor), *Gati* (movement).
- c. *Dooshya:* Rasa- Raktadi Sapta Dhatu, Mala, Khavaigunya (genetic defect or defect in tissues).
- d. *Srotas*: System deformity like *Annavaha Srotas*, etc, *Sroto Dushti Lakshana*, (symptoms of vitiation of the channel).
- e. *Ama* formation due to *Jatharagni Mandhya* (indigested matter).
- f. Way of Sroto Dushti: Atipravriti, Sanga (obstruction), Sira Granthi (tumor).
- g. *Roga Marga*: *Shakha* (periphery), *Marmasthi-Sandhi &Koshtha* (vital tissue, bone, joint &GIT).
- h. *Prakruti, Desha, Kala, Bala* is also an element that affects the disease prognosis.

DISCUSSION

A comprehensive approach can help to overcome many confusions about the diagnosis of disease. Only with the help of *Darshana Pareeksha* do we treat the patient symptomatically but not cure the root. *Ayurveda* is an ancient science, at that time they have *Divya Buddhi*, and deep knowledge of epics. At that time, they were dependent on *Trividha Pramana*, using perception to realize the internal condition of the patient, and still, they were successful.

Today with the advancement in the medical field the diagnosis of the disease can be done from the beginning & the progress of the disease can be stopped much earlier than its complicated stage. *Darshana Pareeksha* can be correlated with some diagnostic methods used in contemporary medical science. They are like,

- a. Hematology–CBC, KFT, LFT, Blood Sugar Estimation, etc.
- b. ABG through which we know the value of pH, urea, creatinine, Co2, Na, K, and blood gases.
- c. X-rays help us to observe the internal structure of the body parts, like bone, kidney stones, etc.
- d. USG, CT-Scan, MRI, Endoscopy, Arthroscopy, Angiography, 2D-Echo, and Mammography are the advanced technique of *Darshana Pareeksha*.
- e. Biopsy means the microscopic study of any organ like liver, tumor, etc.
- f. Hormonal assay, blood culture, urine culture.

These techniques are an advanced form of *Ayurve-dokta Darshan Pareeksha* useful in all the systems of the medical profession.

Sparshana Pareeksha: This *Nidana* approach principally involves diagnosis by using touch sensation, palpation, and percussion.

Prashna Pareeksha: (Interrogation)- With the help of *Prashna* we get information about the patient's present illness, and history, which helps us to correlate with the instances, pathology of disease, or *Dosha* imbalance. Before reaching the end diagnosis, the symptoms and clinical presentation help for differential diagnosis.

The determination by which two or more diseases by

systematically comparing and contrasting their clinical finding able to find out is called differential Diagnosis

Shatkriyakala is an Ayurvedic concept that describes six stages of Vikruta Dosha which are responsible for making disease which means physiological transitions from normal to abnormal conditions. These stages may help in the early diagnosis of disease. These are, Sanchaya, Prakopa, Prasara, Sthansamshraya, Vyakti, and Bheda, mentioned in SushrutaSamhita Sutrasthana.

After the complete examination of the patient, if a physician fails to arrive at a final diagnosis, then he has to seek the help of confirmatory tests. Few confirmatory tests mentioned in the classics are.

- a. Purisha Nimajjana Pareeksha (stool sink test).
- b. Dushita Rakta Pareeksha (examination of vitiated blood) i). By dog etc. ii). Stain test.
- c. Mootra Pareeksha (examination of urine) Peeppilika Abhidhavanam.
- d. Taila Bindu Pareeksha (Yogaratnakar)
- e. Shukra Pareeksha (examination of semen)
- f. *Artava Pareeksha* (examination of menstrual fluid).

Acharya Sushrutahas described Nadi Yantra and Salaka Yantras which applied for visualizing and finding out hidden diseases as well as Shalya, e.g., Probe (Eshani) for finding the direction of sinus and fistula.

Importance of diagnostic method in contemporary medical Science:

Today with the advancement in the medical field the diagnosis of the disease can be done from the beginning & the progress of the disease can be stopped. But sometimes the patient cannot afford expensive imaging techniques like CT-Scan, MRI, etc. Thus, we have to know the diagnosis according to *Ayurveda* which helps in reducing the financial burden on the patient. Once the patient has completed the diagnosis, one can the prognosis to the patient and proposes a treatment, therapy, and follow-up. (Further consultation and test to monitor the condition and progress of treatment, if needed,) it happens usually according to the medical field (modern diagnosis) in a particular disease. The treatment itself may indicate a need for a

review of the diagnosis if there is a failure to respond to treatment that would normally work. The advantage of those clinical diagnosis is that it helps early diagnosis of the diseases and also to know the prognosis of the patient.

Utility of Diagnosis: Early diagnosis helps in complete and faster recovery. Early diagnosis helps in the prevention of complications. The accurate diagnosis helps in planning precise treatment for destroying the root cause of disease and thus recurrence of disease has less chance. Early and correct diagnosis saves money and reduces the mental stress of the patient.

The scenario of Current Practice:

The scenario of diagnosis in current clinical practice can be restructured for both provisional and final like-

Direct diagnosis: Diagnosis made purely based on clinical features told in the classics. e.g., *Kamala, Amayata*.

Indirect: Some features of disease match with disease explained in the classics.

e.g., *Grahani* = IBS, *Galaganda* = goiter.

Diagnosis of unknown disease-Today's prevalent diseases like Hypertension, fibromyalgia, Arbuda, Astheela, Mootraghata, Shoola, or Gulma, etc is easily handled by Ayurvedic experts. Instead of just depending on Trividha/Ashtavidha/Dashavidha Pariksha exclusively on Ayurvedic ground (As we are not so expert or dedicated); it's much more essential to use all possible tools in contemporary science to know minute details of patient & disease. *Trividha Pareeksha*, *Panchavidha*, *Shadavidha*, *Ashtavidha*, *DashvidhaPareeksha* are very precise, elaborative, practical, and economical.

Modern imaging methods like CT-Scan, MRI, EEG, and ECG, are useful tools for the diagnosis of deep-

seated diseases in a particular organ. However, they are expensive and not afforded by all patients. Each investigation report has standing instructions to compare findings with clinical complaints of patients; like correlate clinically. This shows 'Please Pratyaksha pareeksha, Aptopdesh, Anumana Pareeksha are most important. For example -in the case of Tuberculosis patient clinical examination is the diagnostic tool. If the patient is suffering from clinical symptoms of TB like evening rise of temperature, night sweats, weight loss, anorexia, etc then the patient may be suffering from TB. The investigation is, TB Gold, Mantoux test, chest X-ray, and ESR but sometimes these tests are not 100% reliable. Similarly, HIV positive but the patient is not an AIDS patient. RTPCR positive but not COVID19 patient. So, it is a need for time to increase our proficiency in clinical diagnosis. Knowing the use of modern diagnostic methods is appreciable, but it is more important to know the conditions in which these investigations should be used. Overuse of laboratory investigations must be discouraged.

Prospects of clinical diagnosis:

Vaidya can be classified into two categories: a) Vikalpavidand b) Avikalpavid. Vikalpavid (Expert physician) is the one who can understand the subtle changes in Dosha, Dhatu, Mala, Agni, and Srotas, & their variation through his Dhyana Chakshu (Sixth sense), capable of arriving at a precise final diagnosis in a shorter time. But on the contrary, Avikalpavid is not able to do so. Most of the current practitioners belong to the second category due to a lack of intuition & practical training. They have needed the help of modern methods to understand the pathology of the disease (subtle changes in Dosha, Dhatu, Mala).

Table: Ayurvedic correlation of Lab Tests

| Lab Tests | Ayurvedic Correlation |
|---|-------------------------|
| Luo Tests | Tiyurreuse Correlation |
| RBC, Hb %, WBC, Platelet Count, MCV, MCHC, MCH. | Rakta Dhatu |
| Eosinophilia | Vata Vriddhi or Prakopa |
| Neutrophilia | Saama Kapha and Pitta |
| Lymphocytes | Nirama Kapha |
| Serum Electrolytes | Rasa Dhatu |

| Serum Calcium, Phosphate | Rasa Dhatu, Asthi Dhatu |
|--|-------------------------------|
| Serum Creatinine, EMG | Mamsa Dhatu |
| Serum alkaline phosphates, osteocalcin, | Asthi Dhatu |
| Acid Phosphate, urine calcium (24 Hours) | |
| Semen Analysis, Testosterone, FSH, LH | Shukra Dhatu |
| Lipid profile | Rasagata Sneha (Abaddha Meda) |
| LFT (Liver function test) | Rakta dhatu, Pitta dosha |
| PFT (Pulmonary function test) | Prana Vayu |
| RFT (Renal function test) | Mutravaha srotas |
| TMT, ECG, ECHO | Vyana Vayu |

CONCLUSION

Ayurveda is a working system of safe and effective personalized medicine that has withstood the test of time. Therefore, establishing links between Ayurveda and contemporary medicine can provide novel insights for modern personalized medicine. Accordingly, we identify areas of possible convergence between the two systems of medicine and propose testable hypotheses on topics relevant to personalized medicine. In order to diagnose the disease on basis of Ayurvedic principles, the physician should work very hard to know the subtle changes occurring inside the body due to the imbalance of *Dosha*. To become perfect in Ayurvedic diagnosis, the physician needs to understand Dosha Vikalpa (Dravyataha-Gunataha-Karmataha Vriddhi of Dosha) Dhatu Vaishamya, Agni Sthiti (condition of digestive fire like Samagni, Mandagni, etc.) and status of Ama (toxic matter) in the body.

If necessary, the *Vaidya* can use modern tools and methods of diagnosis judiciously. Those need to take our practice-based evidence approach of Ayurveda to so called science based trusted medical system. That can make the science of fraud to global spotlight of traditional knowledge.

REFERENCES

- Shukla V, Tripathi R, editor, Charaka Samhita of Charaka, Vimana Sthana, chapter 4, verse 5, 1st ed, Vol.I., Delhi, Chaukhamba Sanskrit Pratishthan, 2002, p 582.
- 2. Yadavji Trikamaji, Editor, Sushruta Samhita of Sushruta, Sutrasthana, Chapter 10, verse 4, 7th ed, Varanasi, Chaukhambha Orientalia, 2002.

- 3. Kaviraj Atridev Gupt, Editor, Ashtang Hridyama of Vagbhata, Sutra Sthana, Chapter 1, verse 22, Varanasi, Chaukhamba Prakashan, 2009.
- 4. Yogaratnakara, chapter 1, verse 1, 1st ed, Varanasi, Chaukhambha Prakashana, 1996, p 43.
- Charaka, Charaka Samhita, Hindi Commentary by Kashinath Shatri. Part I. 8th ed., Ch. 18/44-46. Varanasi: Chaukambha Bharati Academy, Sutra Sthana; 2009. p. 383.
- Acharya Sushruta, SushrutaSamhita; Ayurved Tatvasandipika hindi Translation by Ambikadattashastri.
 13th ed., Ch. 1/32. Varanasi: Chaukhamba Sanskrit Sansthan, Nidansthan; 2008. p. 230
- Yadavaji Trikamaji, editor. Charaka Samhita of Charaka, VimanaSthana, chapter8, verseno.115. 1st edition, Varanasi; Chowkhambha Sanskrit Series; 2004; p.279.
- 8. Saxena Nirmala, Vangasena samhita of Vangasena, Vol.2; Arishtaadhikar: chapter 98, Verse-205. Varanasi: Chowkambha Samskrit series, 2004; 1270.
- Basavarajeeyam of Basavaraj, Tritiya pakarana mutra pareeksha: chapter 3, Varanasi: Chowkambha Krishna Das academy, 2010; pg no121.
- Vaidya HP, (9thed). Commentaries Sarvangasundari of Arunadatta and Ayurveda Rasayana of Hemadri on Astanga Hrudaya of Vagbhata, Nidana Sthana; Prameha nidana: Chapter 10, Verse -7. Varanasi; Chaukhambha orientalia, 2002; 503.
- Vaidya HP, (9thed). Commentaries Sarvangasundari of Arunadatta and Ayurveda Rasayana of Hemadri on Astanga Hrudaya of Vagbhata, Nidana Sthana; Prameha nidana: Chapter 10, Verse -8-16. Varanasi; Chaukhambha orientalia, 2002; 503.
- Acarya YT, AcaryaNR, Commentary Nibandhasangraha of Dalhana on Sushruta Samhita of Sushruta, Chikitsa Sthana; Pramehapidika chikitsa: chapter 12, Verse 20, Varanasi; Chaukhambha orien-

- talia, 2009; 455.
- Mishra BS, Commentary Vidyotini on Bhavaprakasa of Bhavamishra, Purvardha; Mutravarga: Verse-7-8. Varanasi: Chowkambha Samskrit Samsthan, 1999; 888.
- 14. Dey, Subhojit, andParikaPahwa. Prakritiandits associationswithmetabolism, chronicdiseases, andgenotypes:Possibilitiesofnewborn screeningandalifetimeofpersonalized prevention. Journal ofAyurvedaandintegrative medicine vol. 5,1 (2014): 15-24.
- 15. Ras Vaisheshika Sutra, Bhasyakar by Nara Singh Ji Sutra Sthana 1/6.

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