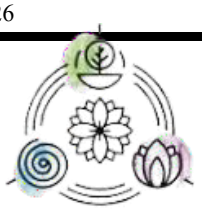
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Review Article

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"NIDANA PANCHAKA: A FRAMEWORK FOR DIAGNOSTIC REASONING IN CLASSICAL AND MODERN SETTINGS"

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ABSTRACT

Background: Nidana panchaka is the five-fold scheme of diagnosis of Ayurveda: nidana (cause), purvarupa (premonitory signs), rupa (signs and symptoms), upashaya (therapeutic or exploratory response) and samprapti (pathogenesis). It organises the diagnostic information that a physician is expected to gather. **Objective:** To review each component of the nidana panchaka, to describe its logic in terms of the pramana scheme and clinical reasoning, and to compare it with modern diagnostic methods. **Methods:** Classical texts were read in translation. PubMed was searched in November 2026 for papers on nidana panchaka, Madhava Nidana and Ayurvedic diagnosis. **Results:** The five components together provide a causal, predictive, descriptive, response-based and mechanistic account of disease. Samprapti is further subdivided into several types, and upashaya is used as a diagnostic aid when signs are unclear. The scheme corresponds in part to aetiology, prodrome, clinical features, therapeutic trial and pathophysiology. Recent clinical papers use the scheme and related concepts to interpret conditions such as hypertension, COVID-19 and metabolic syndrome. **Conclusion:** Nidana panchaka is a coherent diagnostic framework that can be adapted to structured case reporting and teaching. Evaluation of its reliability and predictive value requires standard definitions and prospective studies.

KEYWORDS: Ayurveda, Nidana panchaka, Madhava Nidana, Samprapti, Upashaya, Diagnosis, Case reporting

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INTRODUCTION

The knowledge of disease, according to the Charaka Samhita, is obtained through five means: nidana, purvarupa, rupa, upashaya and samprapti (Ch. Ni. 1/6; A.H. Ni. 1/2)[1,2]. The scheme is set out at the start of the Nidanasthana and became the opening chapter of the Madhava Nidana, which brought together the pathology of many diseases in one place on the basis of this fivefold arrangement. A historical review notes that the reputation of a physician was held to depend more on skill in diagnosis and prognosis than on any other ability, and that the Madhava Nidana was meant to revive the study of aetiology, clinical pathology and diagnosis from classical sources[3]. The scheme remains central to Ayurvedic clinical reasoning and merits restatement for contemporary use.

MATERIALS AND METHODS

Primary sources were the Nidanasthana of the Charaka Samhita and the Nidanasthana of the Ashtanga Hridaya[1,2], with the Sushruta Samhita for comparison[4]. PubMed was searched in November 2026 using the terms nidana panchaka, Madhava Nidana, samprapti and Ayurvedic diagnosis. Indexed papers used include the historical paper on the Nidana Panchaka[3], clinical interpretations of hypertension and COVID-19[5,6], a paper on prameha[7] and papers on methodology of Ayurvedic research[8,9].

OBSERVATION AND RESULTS

1. Nidana

Nidana is the cause of disease. The Samhitas divide it by several schemes, including asatmyendriyartha samyoga, pragyaparadha and parinama (the three general causes); sannikrishta (proximate), viprakrishta (remote), vyabhichari (inconsistent) and pradhanika (main) causes; and causes that are specific to each of the three doshas (Ch. Su. 11/42; Ch. Ni. 1)[1]. The idea that causes act through the dosha, dhatu and srotas, and that both diet and mental factors count among them, makes the scheme broad. Cause-finding is the first step in treatment, since the removal of the cause is itself a form of therapy (nidana parivarjana).

2. Purvarupa

Purvarupa are the premonitory features that appear before the disease is fully manifest, when the dosha has begun to settle in the tissue (sthanasamshraya). Their recognition makes possible early intervention and provides a basis for prognosis (Ch. Ni. 1; A.H. Ni. 1)[1,2]. The Samhitas distinguish the general premonitory signs of a class of diseases from the specific ones of a particular disease. In terms of modern medicine, the concept corresponds to the prodromal syndrome and to pre-clinical markers.

3. Rupa

Rupa are the characteristic features of the established disease, including signs and symptoms. A distinction is made between pratyatma lakshana, the feature specific to a disease, and the more general features that are shared by several diseases. The determination of the dosha involved and of the tissue affected relies on the recognition of these features. The use of the ten-fold and three-fold examinations in the assessment of the patient, discussed elsewhere in this series, supplies the means for their determination[1].

4. Upashaya

Upashaya is the use of drugs, diet and regimens that give relief, or of their opposites, as a means of clarifying the nature of the disease when the other features are ambiguous. Eighteen types are said to be possible, arising from combinations of cause-opposed, disease-opposed, or both, and the same set applied to diet and conduct (Ch. Ni. 1; A.H. Ni. 1)[1,2]. It is a form of therapeutic trial, in which the response of the patient is used as evidence, and a close counterpart in modern practice is the response to empirical treatment used for diagnostic purposes.

5. Samprapti

Samprapti is the process of origin of the disease, from the vitiation of the doshas to the manifestation of the disease. The Samhita defines it as the process by which the doshas, aggravated by their causes, move through the body and produce disease, and it classifies it by number (sankhya), predominance (pradhanya), strength (bala) and time (kala), and by the pattern of dosha involvement (Ch. Ni. 1)[1]. The concept of samprapti is closely tied to the stages of disease (kriyakala) and the channels (srotas). A clinical interpretation of hypertension considers it a stage of prasara with occlusion of vata by pitta and kapha in the circulatory srotas[5], and an interpretation of COVID-19 describes how an exogenous fever can manifest as a multi-system disease through the involvement of different srotas and derangement of the doshas[6]. In prameha, the interaction of three

doshas and ten dushyas generates twenty subtypes, with a Kapha predominance[7].

6. Comparison with modern diagnostic reasoning

The five components correspond closely to the elements of a modern case history and clinical reasoning. Nidana corresponds to the study of aetiology and risk factors; purvarupa to the prodrome and early signs; rupa to the clinical features; upashaya to response to treatment and the trial of therapy; and samprapti to pathophysiology. The Ayurvedic scheme adds the individual constitution, season and the state of agni as modifiers, which are not routinely recorded in conventional notes. It should be noted that the classical scheme does not include laboratory investigations or imaging, and that it provides no method for measuring the diagnostic accuracy of its components, which is a gap in comparison with modern clinical epidemiology.

DISCUSSION

The nidana panchaka offers a template for structured case reporting that is faithful to the classical system. A case report organised under the five headings, with reference to the dosha, dhatu, srotas and agni involved, would make Ayurvedic reports more comparable and more readily appraised. The scheme also provides the structure for the elicitation of the data that research requires: exposure, prodromal features, outcome features, response to intervention and mechanism. For research, the need is for operational definitions of each component, for example criteria for classifying a premonitory sign or a response as upashaya, and for studies of inter-rater reliability and predictive value. Whole-systems research methods emphasise that the diagnostic framework should be fit for the therapeutic paradigm, and this supports the retention of the Ayurvedic framework in studies and its documentation in a reproducible manner[8].

CONCLUSION

Nidana panchaka is a compact diagnostic framework which covers cause, prodrome, features, response and pathogenesis. It can serve as a guide for teaching, structured case reporting and research design. Its value will be confirmed by standardised definitions and reliability studies.

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